

Medical Economics

APRIL
1942



Rendezvous with Mars

Reasons why we say...

"Try S-M-A

for Infant Feeding"

• Physicians will find that S-M-A* is not a "compromise formula." It is a complete milk formula for infants deprived of human milk.

• Cow's milk fat is replaced with the unique S-M-A fat for easy digestion and adequate nutrition. It compares physically, chemically and biologically with the fat in human milk.

• The carbohydrates in S-M-A and human milk are identical.

• With the exception of vitamin C, the vitamins essential to normal growth and development (B₁, D, and A) are included in adequate proportion in S-M-A ready to feed.

• Furthermore, iron (so difficult to provide for the bottle-fed infant) is included in S-M-A. When prepared each quart provides 10 mg. iron and ammonium citrate.



*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.



S.M.A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS



ANNOUNCING BITAMINS VITAMINS B COMPLEX (HIGH POTENCY)

Each fluidounce represents:

- Vitamin B₁ 4000 Int. Units
- Vitamin B₂ (Riboflavin) 4800 micrograms
- Vitamin B₆ (Pyridoxine) 1500 micrograms
- Filtrate Factor 600 J. L. Units
- (Approximately 8400 micrograms Pantothenic Acid)
- Nicotinic Acid 30 milligrams

Plus other factors of the natural Vitamin B complex as extracted from Brewers' Yeast, fortified with Thiamine Hydrochloride and Riboflavin.

Alcohol 10%.

Vitamin B Deficiencies are Almost Always Multiple

A severe deficiency disease may give symptoms referable to only one member of the Vitamin B Complex—but a closer study will show that more than one component is involved.

NEURITIS — POLYNEURITIS

→ B₁

G. I. DYSFUNCTION

- Anorexia
- Gastro intestinal stasis
- Diarrhea

CARDIOVASULAR DYSFUNCTION

- Decompensation (nutritional)

SKIN LESIONS

- Dermatitis

G. I. DISTURBANCES

MENTAL DISTURBANCES

N I C O T I N I C A C I D

MUCOUS MEMBRANE LESIONS

- Cheilosis (fissures at angles of mouth)
- Glossitis

SKIN LESIONS

- Seborrheic lesions

EYE LESIONS

- Keratitis, corneal congestion

← B₂

PARKINSON'S SYNDROME

MUSCULAR DYSTROPHY

ANEMIA

← B₆



In keeping with the recent promotion of C.L.O. or Vitamin A & D Ointments with or without sulfathiazole, we have developed the following for your approval. The A.M.A. Journal and many other professional periodicals have published clinical reports and case histories, with outstanding results in the use of the following combinations.

Bor-AD-zin Ointment

Each ounce represents:

Vitamin A 22,500 U.S.P. Units. Vitamin D 3,195 U.S.P. Units
Combined with Zinc Oxide and Boric Acid in a special base.

This Ointment contains 20 per cent more Vitamins A and D than U.S.P. Cod Liver Oil.

Indicated in burns, varicose ulcers and similar conditions where an ointment of high granulating ability is necessary. This ointment contains more of the vitamins A & D by approximately 20% than any other C.L.O. Ointment on the market at this time.

OINTMENT SULFAZAD

Each ounce represents:

Sulfathiazole	5 per cent
Vitamin A	4500 U.S.P. Units
Vitamin D	640 U.S.P. Units

To be used only by or on the prescription of a physician.

WARNING! If severe toxic reactions occur, remove the Ointment and wash thoroughly to remove all Sulfathiazole.

Indicated in pyogenic infections of the skin, namely, impetigo. It may also be used in eczematous conditions both acute and chronic, also in infected burns or skin lesions, acne, etc.

THE WENDT-BRISTOL COMPANY

51 E. State Street

Columbus, Ohio

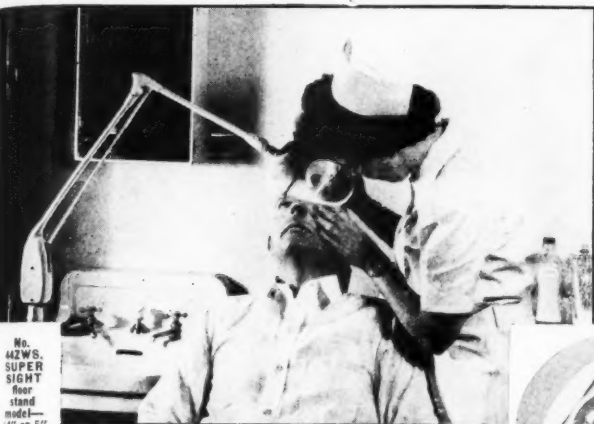
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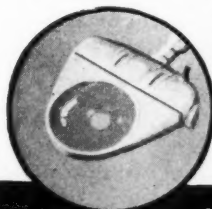


No. 44ZWS.
SUPER
SIGHT
floor
stand
model—
(4" or 5"
lens).

FOR PROFESSIONAL and FIRST AID USE



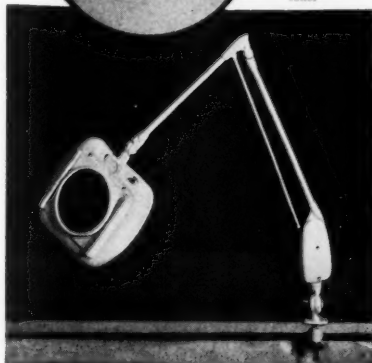
Magnification and light instantly available where you want them—SUPER SIGHT provides magnifying lens and light en-unit that can be moved about with finger-tip control, remaining in whatever position you place it... Here is SUPER SIGHT, a vital help in first aid work, dentistry, dermatology and plastic surgery; for removal of foreign bodies from eyes, of splinters from fingers, for drilling surgery, tendon repair, suturing, puncture wounds, eye treatments, etc.... It comes in two models equipped with clamp or floor stand base in either white or statuary bronze finish. Lenses are either four or five inches in diameter. Clamp type permits mounting to chair, table or wall. Stand model makes SUPER SIGHT a portable unit. Head is balanced to bracket and can be moved in any direction.



No. 44—4"
lens.

PRICE
\$27.50
to
\$35.00

No. 89—5"
lens.



No. 89ZWC clamp stand model (4" or 5" lens).

THE WENDT-BRISTOL COMPANY

51 E. State Street

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721 N. High Street



*An extremely efficient
apparatus for general
office use*

A NEW feature of the Ralk's Ideal Treatment Apparatus is the spring suspended motor unit, which assures smooth, quiet, vibrationless operation. The motor unit is also equipped with a carrying handle, thus enabling the physician to use this apparatus as a combination portable, office or clinic treatment unit. The motor unit can be taken out of the cabinet and carried to the patient's home with bottles and the necessary accessories.

The cabinet is finished in mahogany, walnut or white enamel with black glass top. All trim is chromium plated. It is furnished with accessories as illustrated and makes a handsome addition to any office.



RALKS' IDEAL

**Suction and Pressure
Treatment Unit**

Complete with Ether bottle	- \$170.00
Without Ether bottle	- 155.00

Ask for descriptive folder giving full details.

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Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

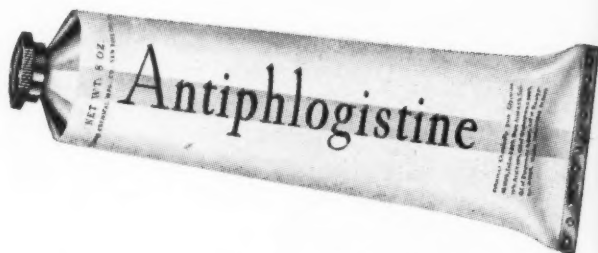
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CIRCULATION: 135,000

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A Pre-Operative and Post-Operative Aid in the Treatment of Carbuncles and Furuncles



A recent survey, conducted in the hospital field, indicates that many physicians are ordering ANTIPHLOGISTINE as a pre- and post-operative treatment for carbuncles and furuncles. It is a most desirable dressing because of its heat-retaining, osmotic and decongestive qualities.

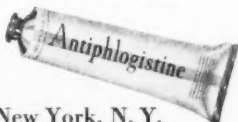
ANTIPHLOGISTINE provides a method for securing the benefits of prolonged "moist heat" and also, through its formula, appears to produce greater symptomatic relief than ordinary poultices.

For convenience and ease of application ANTIPHLOGISTINE now comes in handy tubes.

Antiphlogistine



Now Also in Tubes



The Denver Chemical Mfg. Co., New York, N. Y.

When it's a girl's leg— the bandage should be different



THE rugged durable character of the regular No. 1 Ace Bandage appeals to men—but with girls it's different.

When an all-cotton elastic bandage is needed, particularly for a young girl, the new Ace No. 4 skin-tone, flat edge, made of mercerized cotton, will be much more acceptable. One-third less bulky than the regular bandage,

it blends with silk stockings and is inconspicuous.

Your instructions will be followed more faithfully if you prescribe Ace No. 4 for women. Widths—2, 2½, 3 and 4 inches. Also 2½ inch Ankle Roller.

When extra pressure is needed, Ace No. 8 Tension Bandage with Lastex, also skin-tone, will achieve the desired result.

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Made for the Profession



No. 1. Elastic without rubber and washable . . . Durable and long lasting . . . Cool, comfortable and effective.



No. 4. Skin-tone, preferred by women. Mercerized cotton—flat edges. Elastic without rubber and washable.



No. 8. For extra tension—with Lastex . . . Skin-tone with flat edges . . . Controlled stretch and washable.



No. 10. Elastic and Adhesive . . . Packed in sealed containers . . . Many new uses. Booklet on request.

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

“Have you ever been an alarm clock?”



1. We telegraph boys walk dogs, feed pigeons, and do the freakiest jobs! But I'm a human alarm clock! Every day I go to this guy's apartment and yell: "Get up!" until he throws things at me!



3. Next morning, I sent him a day letter; it read: "Try Sanka Coffee... it's 97% caffeine-free, and *can't* keep you awake! My doctor says so! And I say you'll like Sanka Coffee... it's *all* coffee... *good* coffee!"



2. Finally, I asked him why. He explained he loves coffee, but the caffeine in it keeps him awake. He won't quit coffee so he lies awake most of the night. Then someone has to get him up!



4. And look what I got now... for being coffee-smart! A share in the Government. Defense Bonds... *two* of 'em because Mr. Rich Guy says Sanka Coffee is twice as swell as I claimed!

SANKA COFFEE

REAL COFFEE... 97% CAFFEIN-FREE!



MAIL THE COUPON for a quarter-pound can of Sanka Coffee—free! Sanka Coffee is *all* coffee... *real* coffee... Only the caffeine comes out... the *flavor stays in!* "Drip" or "Regular" Grind. A General Foods Product.

GENERAL FOODS, Battle Creek, Mich. M. E. 4-42

Please send me, free and without obligation, a one-quarter-pound can of Sanka Coffee.

Name _____

Street _____

City _____ State _____

*This offer expires June 30, 1942
Good only in the U.S.A.*



Speaking Frankly

State Licensure

Why wouldn't it be proper at this time to permit any licensed physician who has been in active practice for at least ten years to practice in any State, without having to take further State board examinations? If a doctor called into the army can treat soldiers from every State, why not let experienced civilian M.D.'s have a comparable freedom?

With so much talk about the shortage and maldistribution of doctors, emergency laws to this effect might be very appropriate. I'd like to hear how others feel about the idea.

Bernard Zuckerman, M.D.
Bridgeport, Conn.

Unapproved

I have noted in your recent article on the Procurement and Assignment Service that graduates of the so-called unapproved schools will not be granted commissions by the army and navy, although other physicians are granted this privilege.

I am a World War veteran, honorably discharged, and a graduate of one of the unapproved medical colleges. The U.S.

Government had graduates from this school as medical officers in the last war, and they served well. It is a bitter pill for these same World War veterans to find that they are now discriminated against when they apply for commissions in the war of today.

Someone should get this mess straightened out, for the discrimination shown can hardly be condoned by a free government.

Henry Ruffu, M.D.
Atlantic City, N.J.

Silent Warnings

I disagree with that recent letter from the layman who claims that physicians should always tell the truth to patients who are incurably ill. The writer's reaction does not depend on objective evidence but on a state of mind. When a patient of this type makes up his mind (upon no competent evidence whatsoever) that he has cancer, and when his doctor then tells him there is no indication of it, the doctor is merely lying. A polite patient may call it "hedging."

Even though an experienced physician can often predict with fair accuracy what will happen

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GREASELESS LUBRICANT

harmless to rubber

A black and white photograph showing a hand holding a tube of K-Y Lubricating Jelly, applying it to the tip of a finger held by another hand. The tube has a small logo on it.

For gloves and instruments

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JELLY

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NEW BRUNSWICK, N. J. CHICAGO, ILL.

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● K-Y Lubricating Jelly is greaseless, yet spreads readily and evenly on glove and instrument. Non-irritating, non-staining, water-soluble and harmless to rubber gloves, tubing, etc. Excellent for the introduction of catheters, colon tubes, sounds, cystoscopes, specula, vaginal and rectal nozzles, and similar instruments. Standard tubes, 2½ oz. Hospital tubes, 4¾ oz.

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You Can Always Rely on **VIM SYRINGES**

- for smooth, velvety operation
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Your surgical dealer has all standard sizes of VIM Syringes. Order them by name: **VIM**.



to a patient, there is always the unpredictable exception. Every exception crowds the rest of his life about how he got well in spite of his doctor's prediction. But those who die as a result of disregarding sound advice cannot crow themselves—though their silent warnings are voiced in the doctor's advice.

Theodore Stuckart, M.D.
Platte, S.D.

Coerced Patients

That was an excellent article on collecting for compensation cases. The main difficulty I have found in this type of work is that sometimes an insurance company will try to compel employers to send patients only to certain favorite physicians. Sometimes, of course, employers themselves play favorites by specifically recommending some doctor.

Even when a patient knows that he has free choice, he may go where he is told because he doesn't want to antagonize his boss. I believe that many patients are taken from their family doctor in this manner.

M.D., Massachusetts

To Raise Fees

I think that the idea of a fee increase, as mentioned in your March "Sidelight," is a sound one. I have been planning to try it myself.

The most touchy problem, it seems to me, will be to put it across tactfully to my regular patients. My approach will be to

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A Program for Moderation Sponsored by the Brewers

Beer is the natural beverage of moderation. Mellow and mild, it is usually associated with moderate habits and temperate living.

When the cause of beer suffers, the cause of moderation suffers—and vice versa.

To protect the future of beer, the beverage of moderation, members of the brewing industry established the Brewing Industry Foundation in 1936.

This Foundation has initiated modern research to determine the facts about beer as a beverage and as a food.

The Foundation has also em-

barked on a socially important program to eliminate abuses that occasionally occur in connection with the retailing of beer. This highly organized program is now in effect in 15 States and is being extended to others.

A similar cooperative program is in operation in the vicinity of army camps . . . Here, too, the Brewing Industry cooperates with military and civil authorities to keep anti-social conditions away from beer retailing.

Today, the Brewing Industry not only promotes the cause of law and order—but also takes the lead in a program for moderation.

***Send for these booklets:** Write for both of these interesting, informative free booklets... (1) "Scientific Moderation in Drinking," a report on recent research, and (2) "Clean Up or Close Up," the story of a remarkable social program. Address: Brewing Industry Foundation, Dept. K1, 21 E. 40th St., New York, N. Y.



A UROLOGIC PATIENT



—but still at his bench!

Most urologic cases can usually be successfully treated with greatest safety and least restriction—with Hexalet.

By presenting methenamine (39.1%) with the superior urinary acidifier, sulfosalicylic acid (60.9%) in chemical combination—it affords (under single dosage) a maximum release of antiseptic formaldehyde in the urine.

Its high anti-bacterial and sedative efficacy, and freedom from systemic reaction, recommend it in pyelitis, pyelonephritis, ureteritis, cystitis, prostatitis, urethritis; in pregnancy and before instrumentation. Palatable and well tolerated.

Dosage: 2 tab. in $\frac{1}{2}$ glass plain or sweetened water, 3-6 times daily.

Supplied: Bot. 50-500, $7\frac{1}{2}$ gr. ea.

RIEDEL & CO., Inc., Brooklyn, N. Y.

HEXALET

—the complete, dependable
urinary antiseptic

explain to each patient as he calls that hereafter my fees will have to be a little higher, and that I am forced to this action by increasing overhead. I have discarded an earlier project of sending out formal announcements; this would give patients too convenient an opportunity to shop around for another doctor. Seemingly, the better way is to wait until they're in the office, and then to explain personally.

M.D., Illinois

Degrading Words

A doctor that I know showed me the first article in the series on chiropractic which you have begun to publish. I am a little confused as to whether you are for or against my profession. You have been holding to the truths so far but with degrading words.

You are making some of the men among us look like racketeers. Please do not class them with the science of chiropractic itself. They are two different things. There may be some man in your profession who is wrong, but the whole medical profession should not be condemned because of his personal ideas—should it?

Do not forget that we have thousands of medical doctors taking chiropractic adjustments daily. If we are fooling the public, then we are also fooling "smart" medical men.

Why do you suppose many of the greatest medical men in the world today have admitted pub-

EENY-
MEENY-
MINEY-
MO-



...ing to
them because they all like and for every family likes it.

HEALTH HINTS

DEAR DOCTOR:

My wife insists on serving me both kinds of Cream of Wheat at the same time—"Regular" and "Enriched 5-Minute." For the life of me I can't choose between them. Please tell me what to do before I starve to death.

—MO

DEAR MO:

Buck up, old man. No matter which Cream of Wheat you choose you can't go wrong. Why not try both, then stick to the one you prefer. These facts may help you. "Regular" Cream of Wheat is the same delicious

cereal millions have enjoyed for nearly 50 years. "Enriched 5-Minute" Cream of Wheat is fully digestible after only 5 minutes boiling, and contains important added vitamins and minerals.* Both kinds taste grand. Both cost the same—less than 1¢ a serving!

—M.D.

*Every ounce of "Enriched 5-Minute" Cream of Wheat contains in average amounts: 50 International Units of Vitamin B, 168 mg. of phosphorus, 143 mg. of calcium, 12 mg. of iron.

need more kinds because it's

"Cream of Wheat" and Chef Trademarks Reg. U. S. Pat. Off.

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Scientifically Reduced to LESS than 1%



SANO cigarettes are a safe way and a sure way to reduce your patient's nicotine intake. Sano provide that substantial reduction in nicotine usually necessary to procure definite physiological improvement. With Sano there is no question about the amount of nicotine elimination. With Sano you encounter none of these variable factors involved in methods which merely attempt to extract nicotine from

WARNING

Chemical analyses show that pinches of cotton used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

tobacco smoke. With Sano, the nicotine is actually removed from the tobacco itself. Sano guarantees always less than 1% nicotine content. Yet Sano are a delightful and satisfying smoke. Cigarettes - Cigars - Pipe Tobacco

FREE PROFESSIONAL SAMPLES

For Physicians

HEALTH CIGAR CO. INC.

156 WEST 14TH ST. - NEW YORK, N.Y.

PLEASE SEND ME PROFESSIONAL SAMPLES OF SANO DENICOTINIZED PRODUCTS. NICOTINE CONTENT LESS THAN 1%

NAME

M.D.

ADDRESS

lically that chiropractic is right, and they have been wrong for years?

Keep it clean, and much will be gained all around.

D.C., Illinois

Endorsements

As a certified public accountant, I was interested in your recent short item on writing the letter "C" across each cancelled check as it returns from the bank. My own method is to jot the first two or three letters of the current month on each check, and then to file the check with the statement.

If saved in this manner, a cancelled check makes an excellent receipt, *provided* it is endorsed properly. But if doctors wish to save cancelled checks as receipts, they should make it a point to examine each endorsement to make sure that the proper person has signed. Otherwise, the check may not be a valid receipt.

Leroy P. Cox, superintendent
Woonsocket Hospital
Woonsocket, R.I.

For Society Control

Why should some doctors have five or six hospital connections when many a struggling general practitioner cannot get even one for love nor money? I know of one pathologist who holds down a highly paid city position, two paid positions in small private hospitals, another post in a large hospital—in addition to his private practice. I can't see how he

★ Stay-at-home "SOLDIERS," too ★ ★ Need COPPER-IRON Compounds ★



BLOOD DONORS



WOMEN IN INDUSTRY



WOMEN RELIEF WORKERS

Faster Recovery and High Hemoglobin Essential to Maximum War Effort

Because physical and mental energy is measured largely in terms of hemoglobin levels, war-time production can be speeded up by Copper-Iron therapy.

The period of recovery for blood donors is greatly shortened. Women taking over Selectees' jobs can be kept at high working efficiency. Mothers in the auxiliary services are better fitted for their expanded duties.

Important to each individual, the gain to the nation can be tremendous—in increased output of work, in higher morale, in greater fitness for difficult days ahead.

Prescribing Copper-Iron Compounds is the quickest and surest route to increasing and maintaining hemoglobin levels.

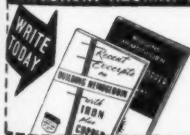
Copper Plus Iron Brings Faster, Higher Response

Because Copper is needed to catalyze Iron for hemoglobin regeneration, these two elements are always combined in Foundation licensed and approved Copper-Iron Products. Clinical studies have consistently shown the superiority of these compounds over Iron alone in all types of nutritional and secondary anemias.

The booklets shown below present the evidence upon which preference for Copper-Iron Compounds can be soundly based. Write for them today.

This Seal or mention of the Foundation's name is your assurance that the licensed Copper-Iron product is approved by periodic tests.

WISCONSIN ALUMNI RESEARCH FOUNDATION • MADISON, WIS.



Send me, free of charge, your booklets on clinical results of building hemoglobin with Copper-Iron Compounds.




ME-442


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Address.....
City.....State.....

In Constipation
BASSORAN
 (Sterculia gum and magnesium trisilicate)
 Provides More Than Bulk


1 TEASPOONFUL BASSORAN



Takes up water to make
12 oz. free-flowing bulk



Equals 3½ oz. kaolin in
adsorbent power



Provides antacid power
to relieve hyperacidity

Supplied **PLAIN**
and **WITH CASCARA**

THE WM. S. MERRELL COMPANY
Cincinnati, U. S. A.

Nutritional
ANEMIAS
 GREATER RED CELL
 BUILDING POTENCY OF
COPPERIN




IRON ALONE: After 20 days treatment, r.b.c. 4,028,200 per cu. mm.

COPPERIN: After 20 days treatment, r.b.c. 6,985,000 per cu. mm.

Iron, given alone, is only partially utilized. Copperin, combining copper and iron, secures maximal utilization of the iron, sending the hemoglobin percentages up to higher levels.

Copperin is a Wisconsin Alumni Research Foundation product. In capsules, two strengths—"A" for adults; "B" for children. Write for samples, Dept. I.

MYRON L. WALKER CO., Inc.
Mount Vernon New York

can do justice to all these jobs he obviously hasn't the time to do good work. Contrast him with the many practitioners who would be very happy to get a single unpaid hospital position.

As I see it, the solution is to have the opportunity to secure hospital connections controlled by medical societies.

M.D., New York

Against Society Control

In my State it's apparently necessary to belong to a local medical society before you can secure a hospital connection. Right from the beginning this causes an antagonistic feeling among physicians toward their own societies. It's human nature to resent anything forced upon you.

Although I belong to my local society as a matter of choice, compulsions such as these are distasteful. . .

M.D., New Jersey

De Luxe Politicians

Your article "Biopsy on the A.M.A." dealt with a topic the average doctor knows too little about. . . It is a matter of record that most medical societies won't touch the subject of ethics with a ten-foot pole. The subject is too delicate, too personal, and too difficult to prove. A firm stand on it would break the average society wide open.

It's true that year after year most societies are run by a small group. No politician is more deluxe than a real medical politician.

Diabetic Diets

FREE: *Booklet giving Sample Diabetic Menus,
with 33 pages of Delicious Knox Gelatine Recipes*

We have compiled a booklet which may save you time and trouble in the prescribing of diets for your diabetic patients. It is called "Feeding Diabetic Patients—Young and Old."

The booklet contains a brief discussion of the principles of diabetic feeding, practical tables of food composition, sample menus, and 33 pages of simple, economical and attractive recipes calculated for composition and caloric value.

The use of Knox Plain (Sparkling) Gelatine is explained, with examples of how it can give variety to appetizing "full-sized"

meals while meeting the diabetic prescription. (Knox is about 85% to 87% protein—entirely free of sugar.) It contains a majority of the food amino acids and has been shown to supplement protein of nearly every variety of food.

Also included in this booklet are typical dietary prescriptions representing Normal Carbohydrate Maintenance, Restricted Carbohydrate High Fat, Diabetic Reducing and Children's Diabetic diets.

The coupon below will bring you as many of these diet booklets as you require, without obligation.



KNOX GELATINE
(U. S. P.)
is plain, unflavored gelatine
All protein—no sugar

.....Send This Coupon for Free Booklets.....

KNOX GELATINE
Johnstown, N. Y., Dept. 448

Please send me () copies of "Feeding Diabetic Patients—Young and Old." I understand there is no obligation.

NAME _____

ADDRESS _____



**EXTRA SPEED AND EXTRA
ACCURACY ARE COMBINED
IN THE NEW**

Tycos Hook-type Cuff!

Five times faster—by actual test—and much more accurate, too. That's the story on the 1942 Certified Tycos Aneroid with the new, exclusive hook-type cuff.

And no wonder! You simply circle the arm once, and hook the cuff to any one of 16 different positions. Fuss and fumbling are completely eliminated, and it fits perfectly *right away!* Uniform compression over the entire cuff width assures consistently accurate measurements. Taylor Instrument Companies, Rochester, N. Y.



● Cuff alone, without rubber bag . . . **\$3.75**

● New Improved Tycos Aneroid, complete new hook-type cuff and 10-year triple guarantee. **\$29.50**

**TURN TO *Tycos*
34 YEARS A LEADER**

cian. He loves it. And most of us are quite willing to let him have the "honor."

Sometimes the press speaks of our profession as powerful, as though it were similar to a well-disciplined labor union. Nothing could be further from the truth. Doctors are the most radically independent people in the world; they carry their capital under their hats, and it is very difficult for a person or group to put them completely out of business.

Wise doctors soon learn that they will hurt themselves more than they will the offender if they attempt to bring an unethical practitioner to book. . .

Paul R. Howard, M.D.
Norton, Va.

Patients Tempted

Old age assistance patients here have discovered a nice method of increasing meager incomes at the expense of their doctors. The new system of forwarding medical fees through patients tempts many to become dishonest. If a doctor gets a court judgment, it isn't collectible because the patient usually has no other assets except his welfare check, and the welfare department won't deduct the amount of the doctor's bill.

I tried leaving a self-addressed envelope with patients, but that isn't the solution because the patient does not receive his medical check until six or eight weeks after his illness. By that time he has either lost or soiled the en-

28% LESS NICOTINE IN THE SMOKE—BUT NO REDUCTION IN SMOKING PLEASURE

WHEN improving a patient's smoking hygiene, many a physician simplifies his program by advising the regular use of Camel cigarettes—the slower-burning brand. Medical research authorities* state, and Camel's scientific tests on hundreds of samples** confirm, that a slower-burning cigarette produces less nicotine *in the smoke*.

Nicotine, as the body of scientific research agrees, is by far the leading component of tobacco smoke having systemic potentials.

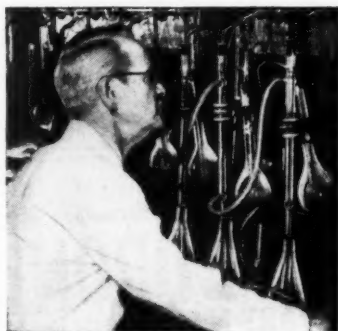
Slower-burning Camels not only offer a reduction of nicotine in the smoke but assure your patients of more mildness, coolness, and flavor. Naturally, your recommendation of Camel cigarettes helps to promote patients' cooperation.

*J.A.M.A., 93:1110—October 12, 1929
Brückner, H—*Die Biochemie des Tabaks*, 1936

**The Military Surgeon, Vol. 89, No. 1,
p. 7, July, 1941

CAMEL

THE CIGARETTE
OF COSTLIER TOBACCOS



● In recent laboratory tests, Camels showed 28% less nicotine *in the smoke itself* than the average of the 4 other largest-selling brands tested—less than in the smoke of any of them. In the same tests, Camel burned 25% SLOWER than the average of the 4 other largest-selling brands tested—slower than any of them.

SEND FOR a reprint of the most important medical article on smoking in modern times—written by an outstanding physician—and reprinted from The Military Surgeon, July, 1941. Write today for this highly informative analysis. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

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Address _____

City _____ State _____

*For Local Sulfathiazole
Applications Use*

THIAZOINT

**10% SULFATHIAZOLE
OINTMENT (HART)**

A valuable supplement to the usual surgical procedures in: Acutely Infected Superficial Wounds; Varicose, Diabetic and Decubitus Ulcers; Boils and Carbuncles. It is effective in certain Streptococcal and Staphylococcal Skin Infections such as Impetigo and Secondarily Infected Fungus Lesions. Supplied in 1-oz., 1-lb. and 5-lb. jars

Write for Literature and a Sample

*For The Relief Of Nasal
Congestion Prescribe*

EFEDRON

HART NASAL JELLY

The original water soluble Ephedrine Nasal Jelly. Supplied in nasal tipped tubes--particularly convenient for ambulant patients.

Write for Samples

*For The Treatment Of
Scabies Prescribe*

SCABENZATE

LOTION (HART)

The Quick, Pleasant, Stainless, New Benzyl Benzoate Treatment for Scabies. Supplied in 4-oz., one pint and one gallon bottles.

Write for Literature

Available At Your Pharmacist

**HART DRUG CORPORATION
MIAMI, FLORIDA**

velope, or removed the stamp for his own use.

It's true that no doctor is forced to take these cases, but neither is a worker in a closed shop forced to join the union. It's either join or no work. I'll wager that at least 90 per cent of the participating physicians would have voted against this plan if they'd had a chance. Yet the officers of various county societies (who don't personally accept such cases) acquiesced to this new system without a word beforehand to the rank and file...

M.D., New York

Caduceus Upkeep

The motor in my car suddenly developed a murmur and I stopped at the next garage, where I happened to be unknown. The mechanic replaced a spark plug wire that had jarred loose, and took one glance at the caduceus on the radiator grille.

"One dollar, please."

"Isn't that a trifle steep for replacing a wire?" I inquired with a wan smile.

"Well, Doctor, I'm doin' just like youse guys—I ain't chargin' for hookin' up your plug, but for knowin' how!"

As I drove off, my thoughts turned backward to other instances of overcharging which have plagued me for several years. A little retrospection dated them from the time I had bought that impressive emblem. I calculated that it had cost me several hundred dollars a year—and I had re-

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Lethal to Infectious Air-Borne Bacteria and Viruses



AMERICANAIRE

Ultraviolet Germicidal Units

offer unprecedented efficiency in the radiant disinfection of air. Over 85% of the ultraviolet energy output of this unit is within the recognized germicidal range of the spectral band.

This intensity of bacteria-destroying radiation provides a timely protection for your patients which they will be quick to appreciate. For the physician, it provides a protective measure of vital import.

INVESTIGATE AN AMERICANAIRE installation today. Your hospital board, too, will welcome this practical means of reducing the incidence of cross-infection in the nursery, out-patient department, surgery, wards.

• Ask your dealer or write us direct for descriptive literature



AMERICAN STERILIZER COMPANY
ERIE, PENNSYLVANIA

Tonsil Tags

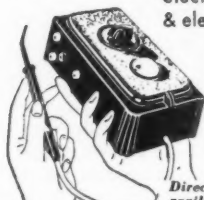
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SIMPLE OFFICE PROCEDURES

Through HYFRECTION* this compact & simple instrument provides everything you need for the accomplishment of 33 useful and proven operative techniques.

The Birtcher HYFRECATOR

A simple, sturdy high frequency unit for electrocoagulation & electrodesiccation.



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Ask your supplier
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Direct current converter
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*HYFRECTION...is the use of controlled high frequency currents to destroy tissue.

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THE 33 USES OF HYFRECTION IN
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The
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ceived precisely nothing in return. The insignia certainly had secured no privileges; the speed limit warnings and "No Parking" signs remained unimpressed.

Every merchant, from fruit peddler to department store manager, recognized the sign of the crossed snakes, and, almost without exception, it had served them as a pour-it-on-him sign. Aren't all doctors rich? And don't doctors soak me without mercy?

I had been proud of my shining emblem. But I realized I could not afford it; it was not the first cost but the upkeep that pinched. A good saddle horse, I decided would be a less expensive mascot.

I bought a horse.

I have retired my caduceus.

Allen D. Rebo, M.D.
Scott, Ark.

Yearly Exams

Not long ago an American Medical Association committee reported two reasons why periodic health examinations are not more widely accepted by the general public. The reasons were (1) excessive claims for what periodic exams can be expected to accomplish, and (2) a feeling on the part of the public that the usual periodic examinations are overly expensive.

Many life insurance companies offer free periodic exams to policyholders; but acceptance of the offer is the exception rather than the rule. I believe that it would be a good plan for insurance com-

F - a - s - t - e - r

Because made entirely of the fastest-acting material known—water soluble, fast-acting sodium bicarbonate with aromatics—nothing else.

More Elegant

Because your fussiest patient does not know he is taking soda, does know he received almost instant relief with no nasty taste and no unpleasant after effects.

No "Acid Rebound"

Because a few tablets give prompt relief without complete neutralization of stomach acid. Without complete neutralization there is no acid rebound.

An inexpensive, basically sound, patient-pleasing tablet that is growing not because of fads but because it is a really pleasant way to give sodium bicarbonate, the fastest-acting material known for relief of indigestion symptoms.



"Trial is Proof"

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Hollings-Smith Co.

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Sample Carbox Bell, Please.

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California WINES

invite attention

IN America today, the wines of our own country are consumed nine to one over foreign wines.

In fact authorities qualified to speak believe states like California and New Jersey are producing wines of outstanding quality.

This quality begins with the grapes themselves. For example, in California's 700-mile vineyard belt there occurs a range of soils and climates in which the world's finest wine grapes are grown. Each grape variety finds its ideal setting and comes to perfect ripeness each year.

Special methods of grape selection, temperature control, continuing laboratory tests, and spotless modern equipment today aid the wine grower in the United States.

California and New Jersey wines conform to the most rigid state and Federal standards of quality. All are well developed. True to type.

And these fine wines are moderate in price—perhaps an important point to many people who now find wines of Europe too expensive.

This advertisement is printed by the wine growers of California acting through the Wine Advisory Board, 85 Second Street, San Francisco. The non-profit Wine Advisory Board invites your requests for further information about California wines.



panies to pay cash dividends to those policy holders who each year can show proof of good health and who have no history of serious illness since the policies were written. The effect would be immediate, impressive and infectious. The true value of a periodic exam would be drawn home to everyone.

The insurance field is the ideal place to prove the real worth of such exams, because an inventory of results could be made at the end of each year. It would then be easy to impress on the public the need for periodic examinations.

R. A. Ireland, M.D.,
Charleston, W.Va.

Untreated Nurses

Answering the "Speaking Freely" question as to whether doctors should treat their office nurses, I'd say no, a thousand times no. One of my fellow nurses just operated on for a ruptured appendix; her boss hadn't found the time to investigate the recent pain in her side. Another nurse I know almost bled to death because the doctor she worked for thought she was just a chronic complainer.

R.N., New York

Pictures in this Issue

Cover, Henry Sarason, M.D.; 43, Goro from Black Star; 44, Goro from Black Star; 52, De Palma from Black Star; 56 and 57, Pictograph Corporation; 59, Inesco; 61, Inesco; 64, 66, Acme, (bottom) Inesco; 64, 66, 67, Gisler-MEDICAL ECONOMICS; Sarra from Fortune.

What therapeutic aims in hemorrhoids?

- ① Anesthesia of the exposed nerves.
- ② Hemostasis of the bleeding veins.
- ③ Decongestion of the varicosities.

Physicians meet these indications with RECTAL MEDICONE, plus regulation of the patient's habits to secure subsidence and quiescence of the process.

RECTAL MEDICONE contains 5% Anesthesin to effect prompt relief from pain. It is fortified with Ephedrine Hydrochloride to stop the bleeding and modern anti-hemorrhoidal agents required to secure retrogression and resolution.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

MEDICONE COMPANY
225 VARICK STREET, NEW YORK

**STOPS
HEMORRHOIDAL
PAIN
WITHIN
5 MINUTES**



RECTAL MEDICONE

"Local treatment (of burns) must not be underestimated."

VERY forcefully, in a recent controlled investigation of burn therapies, the author* emphasizes the importance of early local treatment "since by it the long, exhausting period of sepsis is combated, and disfiguring and crippling contracture is minimized."

The same investigator found in

FOILLE

a topical application superior to the tanning method in the local treatment of burns and possessing definite advantages over cod liver oil therapy.

In three short years of medical experience, Foille has attained a ranking position in burn therapy because of its apparent ability to:

- | | |
|-----------------------------|--------------------------------|
| - dramatically control pain | - shorten convalescent period |
| - consistently avoid sepsis | - lessen scarring contractures |

*Modern Burn Treatment: Hamilton,
J. E., Indus. Med., 10:427-432 (Oct.) 1941

Clinical sample and literature sent upon request.

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For Every Doctor —

Whose practice includes
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*This Improved and
Efficient*

HANOVIA LUXOR "S" ALPINE ULTRAVIOLET LAMP

*is an almost Indispensable
Modality.*



*Its wide range of Clinical Usefulness
includes the following:*

Tuberculosis: Irradiation is of distinct value for patients suffering from tuberculosis of the bones, articulations, peritoneum intestine, larynx and lymph nodes or from tuberculous sinuses.

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Surgery: Sluggish wounds that do not heal or are abnormally slow in healing may respond favorably to local or general irradiation.

Care of Infants and Children: The prophylactic and curative effects of ultraviolet radiation on rickets, infantile tetany or spasmophilia and osteomalacia are well known.

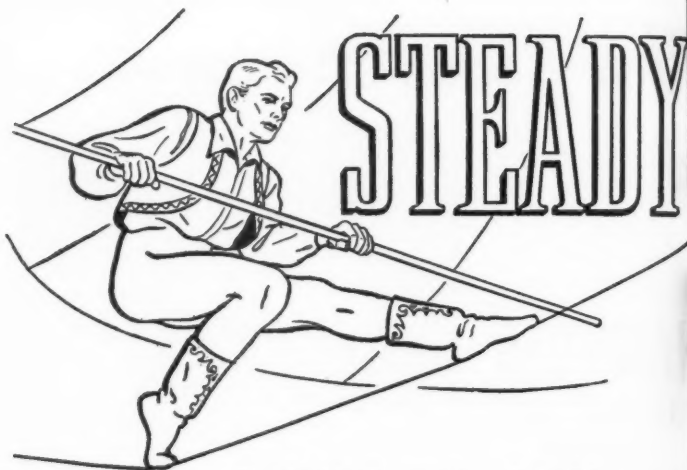
Pregnant and Nursing Mothers: Prenatal irradiation of the mother, and also irradiation of the nursing mother, have a definite preventive influence on rickets.

Other Applications: As an adjuvant in the treatment of secondary anemia, irradiation merits consideration. Also exposure of the lesions of erysipelas and a wide range area of surrounding tissue has been shown to have a favorable effect.

*For complete details about the Luxor "S" and Hanovia's Sollux
Heat Lamps and Short Wave Equipment, write Dept. ME-8.*

HANOVIA CHEMICAL & MFG. CO.

NEWARK, N. J.



Standard in the practices of physicians as a reliable antacid-laxative form of medication is

PHILLIPS' MILK OF MAGNESIA

In contrast to the action of the soluble alkalis, such as bicarbonate of soda, the antacid action of Phillips' Milk of Magnesia is prolonged—due to the insoluble nature of magnesium hydroxide.

No irritation or griping. The laxative effect of larger doses is gentle and thorough.

DOSAGE:

As an antacid—2 to 4 teaspoonfuls.

As a gentle laxative—4 to 8 teaspoonfuls.

We will send you a sample on request.

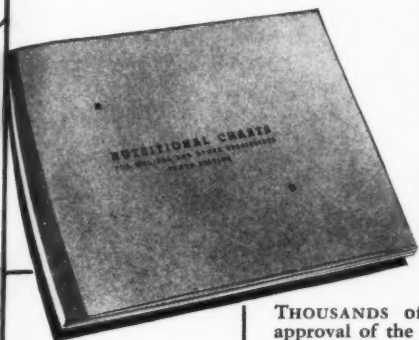


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atest Authoritative Data On Nutrition 10TH EDITIONHEINZ NUTRITIONAL CHARTS



Now Available To Physicians, Medical, Dental, Dietetic Students

Material prepared by Research Department, H. J. Heinz Company, provides concise, accurate, thoroughly up-to-date information on vitamins, minerals, composition of all common foods—weights and calories in average portions. It also covers many special topics—food allergies, food toxicology, food fads.

PROFESSIONAL COMMENT ABOUT HEINZ

NUTRITIONAL CHARTS:

"... extremely valuable as a handy source of information on vitamins and foods."

"... I know of no other source of such a wealth of material on nutrition ... so accurate and up-to-date."

"... highly prized by our students in medicine and dentistry."

"... much superior to anything of the kind."

"... we are very much pleased to have such authoritative material in such nice arrangement."

THOUSANDS of doctors have expressed approval of the scope and accuracy of Heinz "Nutritional Charts," which are being used in 80% of the medical schools of the United States and Canada.

The first edition of "Nutritional Charts" was received with widespread enthusiasm in 1934. Since that time there have been frequent revisions. More than 600,000 copies have been distributed to doctors, medical students, nutritionists, dietitians, dentists and scientific research workers. The latest—Tenth Edition—contains much *new* material in the rapidly advancing field of nutrition.

Complete and Comprehensive Data

"Nutritional Charts" includes comprehensive material on daily requirements for children and adults; diet plans for essential requirements; tabular data on all vitamins and mineral nutrients; analysis of fruits, cereals, meats, dairy products and miscellaneous foods; food allergies; and a nutrition bibliography.

You may receive your copy of Heinz Nutritional Charts (10th edition) with our compliments, by addressing your request to Research Dept. ME-4, H. J. Heinz Co., Pittsburgh, Pa.

HEINZ (57) VARIETIES



ROAD TO RECOVERY

Weakened by the effects of debilitating disease or surgery, the convalescent patient needs a high calorie diet well in excess of normal requirements.

HORLICK'S FORTIFIED

is particularly adapted to this type of patient because it combines well balanced nutrition in an appetite appealing, easily digested, liquid form.

Horlick's Fortified, prepared by a special process from full cream milk and staple cereals, is partially predigested, has a consistency approaching zero and presents the following desirable nutritive factors:

Protein—including the biologically complete proteins of milk.

Carbohydrates—in soluble forms, as Dextrin, Maltose and Lactose.

Fat—in easily digestible form of milk fat.

Minerals—with milk rich in calcium and phosphorus.

Vitamins—a recognized adult daily minimum requirement of A, B, D, G.

Recommend
HORLICK'S

The Complete Malted Milk—
Just a Malt Flavoring for Milk

HORLICK'S

HOW RY-KRISP HELPS YOU KEEP AMERICANS IN TRIM

A word to Doctors: Because Uncle Sam is taking many doctors, you must see more people, crowd more into each day. Now, more than ever before, Americans need the advice and service you can give. In small but significant ways, Ry-Krisp can help. Ry-Krisp diet books can save your precious time. Ry-Krisp can be a real help in prescribing normal and special diets.



AN OUT-and-OUT WHOLE GRAIN BREAD

Made from pure whole rye, Ry-Krisp yields 7 International Units vitamin B₁ per 6.5 gram wafer, is a good source of iron, copper, phosphorus, manganese. A handy, delicious bread that has a place in the "food for freedom" program.



AIDS ALLERGY SUFFERERS

Made without wheat, milk or eggs, Ry-Krisp is a safe bread for those allergic to one or all three of those foods. To save your time, we offer handy Allergy Diets listing allowed and forbidden foods, giving tested recipes for wheat, milk and egg-free dishes.



HELPS NORMALLY OVERWEIGHT

Ry-Krisp is helpful in low-calorie diets because it has only 23 calories per wafer yet has a high hunger-satisfying value and provides bulk to aid regularity. Dietetically sound Low-Calorie Diets (1700 calories for men, 1200 for women) are available for your distribution.

Free!

Reference book on Whole Rye

valuable illustrated 16-page book on whole rye and its value in normal and special diets. Also Allergy Diets and Low-Calorie Diets. For professional groups only. Use coupon.



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Please send free copy "Why Rye," _____ copies
Low-Calorie Diets, _____ copies Allergy Diets.
No cost or obligation.

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ARGYROL



DECONGESTION WITHOUT VASOCONSTRICTION

Safe and Effective Mucous Membrane Therapy

● The ocular suffusion and decongestion incident to the Dowling tampon treatment indicate that ARGYROL'S action is physiological as well as chemical—that it marshals to its aid many of the natural defensive processes in combating infection.

► The insertion of an ARGYROL tampon into the nose, often produces an intense infection and suffusion of the conjunctiva followed by decongestion. Indeed, ocular congestion present *before* the tampon insertion is frequently improved by this method, and visual acuity may be rendered more acute.

This then is evidence of ARGYROL'S

ability to achieve decongestion not only of the nasal blood vessels, but of the entire head, *without resort to powerful vasoconstriction*. Add to this, ARGYROL'S freedom from irritating properties in any concentration from 1% to 50%, the fact it is non-injurious to the cilia, its ultra fine colloidal dispersion and highly active Brownian movement, its controlled pH and pAg, and its remarkable detergent and soothing properties, and you have a few of the reasons why ARGYROL is the overwhelming choice of specialists in treatment of mucous membrane infections.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
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5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE



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Sidelights

signs of the times (from a classified advertisement in the Real Estate for Sale column of the Chicago Tribune):

"Doctor's home-office. New oil burner; may be converted for gas. . ."



Much misunderstanding has arisen concerning the number of physicians who have been, or are going to be, inducted for duty with the armed forces. This confusion results apparently from the many divisions and subdivisions of the service, in which medical men are appointed. At all events, there is a summary of the approximate figures to April 1 and a forecast of what they will be by the beginning of 1943.

On November 1, 1941, there were 11,500 physicians in the army medical corps. Of these, 1,250 were regular army officers; 1,250 came into the army when the National Guard was activated; and 9,000 were reserve officers called from civil life.

An estimated 2,500 additional physicians have been inducted into the army from civil life between November 1, 1941 and

April 1, 1942. Of these, about 1,000 are reserve officers; about 400 are on duty with base hospital units; and 1,100 represent new appointments as medical officers in the Army of the United States (the draft army, as distinct from the regular U.S. Army).

On April 1, therefore, the total number of doctors in the army is approximately 14,000. The number of doctors in the navy (including the marine corps) is about 3,000. It follows, then, that the combined army and navy total on April 1, 1942 is about 17,000 physicians.

By January 1, 1943, it is estimated, 10,000 *more* medical men will have entered the army (the number may be larger if the army can improve its present expansion schedule). By the same time, the navy will probably have added at least another 1,000 physicians. This makes the total addition 11,000.

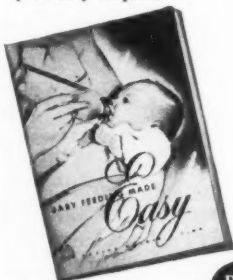
By the first of next year, therefore, the grand total of physicians in army and navy service is expected to reach or exceed 28,000.

It should be remembered that

TO SAVE YOUR
VALUABLE TIME
AND TO HELP SAVE
PRECIOUS RUBBER

We suggest handing this
booklet on nipple care
and the bottle-feeding
routine to your patients.

Your O. B. patients will find this new booklet a very handy manual and guide on the subject of baby feeding. The complete routine is outlined in thoroughly readable form. A large section of "Baby Feeding Made Easy" is given over to ways and means of preserving the life of rubber nipples in this time of war scarcity. Send for as many copies as you may require.



DAVOL

DAVOL RUBBER COMPANY
Dept. M-4, Providence, Rhode Island

You may send copies of "Baby Feeding Made Easy" to the following address:

NAME

ADDRESS

CITY STATE

not all medical men summoned for duty come from private practice. Some enter directly from internships. Others are withdrawn from Federal, State, municipal, commercial, and educational positions.



By a recent post comes word that yet another crisis faces this troubled nation. Health Commissioner Rice of New York City appeals to expectant mothers to lighten the burden on his department by settling in advance on a name for the awaited heir.

In so doing the well-meaning doctor coldly ignores the romance of the business; the conflicting enthusiasms of mother, father, and in-laws; and the changes of heart that occur when the baby's intrauterine acrobatics convince the mother it's a boy after all and the obviously perfect name Magdalene must at once be discarded in favor of Llewellyn.

No, nine months is simply too short a time. It's all very well for the rugged Dionnes, inhaling the vitamin-E-filled air of the Canadian spaces, to spout names as easily as progeny. Dwellers in fume-laden cities are less well endowed. Result: thousands of infants are born nameless, while quibbling parents struggle in manifest cerebral dystocia.

Plainly, there is an emergency here as desperate as the need for mothering the pups of vacationing dog-owners, or for supplying

Smoothage



... A SUCCESSFUL CONSTIPATION THERAPY

the correction of faulty elimination requires that the bowel mucosa be treated with the utmost consideration.

It is the smoothage of **METAMUCIL-2** which has this corrective effect. **METAMUCIL-2** is a radical departure from the old-time constipation "cures" the irritating chemicals, dehydrating dyes, scratchy roughage, gummy masses and vitamin-depleting oils.

METAMUCIL-2 provides smoothage—soft demulcence which protects the mucosa

against irritation, and encourages natural elimination by physiologic reflex action.

For corrective, protective smoothage, prescribe—

Metamucil-2

("GREEN LABEL")

Supplied in 1-lb., 8-oz.
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G.D. SEARLE & CO.

Ethical Pharmaceuticals Since 1888

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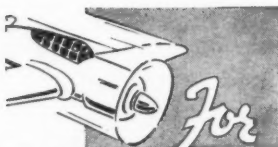
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Specify the New
Metamucil-2
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SEARLE



RAPID DEFENSE ACTION

CAMPHO- PHENIQUE



And Campho-Phenique not only defends minor cuts and injuries against invasion—its rapid yet mild and sustaining action alleviates pain, swelling and itching. These beneficial results are obtained from the combined performance of camphor and phenol in the Campho-Phenique formula.

You will also find Campho-Phenique—Liquid, Ointment, Powder—effective in the treatment of acne vulgaris, eczema, ulcerations, and superficial burns—in fact, wherever its analgesic, antiseptic and antipruritic action is indicated.

JAMES F. BALLARD, Inc.
700 N. Second St. • St. Louis, Mo.

male escorts to sight-seeing schools and teachers. We may rest assured, however, that before long some enterprising young man from a university campus will grasp the golden opportunity and offer befuddled parents the service of Baby Names, Inc.



Attendance at several recent formal well parties for colleagues who have been called into the army and navy has convinced us that the number of these men regarded in term of service as a golden professional opportunity. "Think of the training and experience we get!" "Think how valuable it will be to us when we resume private practice!"

Optimism is all very well; but let's not delude ourselves.

Admittedly, a certain amount of experience gained in the service will be of advantage later, particularly to men in such specialties as traumatic surgery. But the fact remains that to most general practitioners the bulk of what is learned in the course of war service will later be of little dental use only.

Many a physician of good training will find in military duty a chance to do little more than make routine examinations of applicants, handle records, inspect men in quarters, and do sick calls. If he expects the army or navy to give him valuable professional contacts, he may again be disappointed; for the men who may be helpful in this respect are

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AND
OUR REXALL DRUGGIST
PARTNERS IN HEALTH SERVICE



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are available
wherever you
see this sign.



The Clinical Use
of
STILBESTROL
(Diethylstilbestrol)
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INDICATIONS

Stilbestrol, which possesses the therapeutic advantage of potency in oral administration, has been successfully employed in the treatment of the natural or artificial menopause, in the treatment of gonorrheal vaginitis in children, in senile vaginitis, and in the suppression of lactation. The effects of this advanced preparation of hormones. The effects of this advanced preparation have been reported in various instances of the suppression of growth of an intracranial tumor, in a case of the atrophic vaginal epithelitis, in a case of the atrophic vaginitis, and in the treatment of the gonorrheal vaginitis. Stilbestrol has been successfully used in the treatment of gonorrheal vaginitis. The effects of this advanced preparation of hormones have been reported in various instances of the suppression of growth of an intracranial tumor, in a case of the atrophic vaginal epithelitis, in a case of the atrophic vaginitis, and in the treatment of the gonorrheal vaginitis.

**Now — U. D. STILBESTROL — an
effective advancement in
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Extensive clinical experience has shown the value of U. D. Stilbestrol (Diethylstilbestrol), the new estrogenic development, in the treatment of natural or artificial menopause, gonorrheal vaginitis in children, senile vaginitis and in the suppression of lactation. It has the added therapeutic advantage of potency in oral administration as well as economy over estrogens from former sources.

The Department of Research and Control, under whose scientific supervision the product is offered, has prepared a pamphlet giving specific information on its description, History, Pharmacology, Indications, Contraindications, suggested dosages, Toxicity, together with a comprehensive Bibliography. We shall be glad to send you a copy, as a professional man, upon request.

U. D. Stilbestrol is available at the prescription counters of Rexall Drug Stores everywhere (Liggett and Owl Stores are also Rexall Stores).

For the safety, economy and convenience of your patients — and prompt service — why not use the facilities of your neighborhood Rexall Drug Store for your prescriptions and prescriptions.

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many cases simply not accessible.

Often the volume of work is such that the doctor in the service cannot spend more than two or three minutes on a case. He may never even see it a second time. Under these circumstances, his opportunity to observe or to give individual attention to patients is scant indeed. The physician in private practice, connected with a good-sized hospital, will ordinarily see just about as many diversified cases and gain just as much practical experience as does a doctor with the armed forces.

Perhaps the best place to get professional experience while in the service is at a base hospital. But not every practitioner is lucky

enough to become stationed one. Another opportunity exists for the general practitioner or recent graduate who wants to get a start in a specialty. Again, however, it is not always possible to secure a suitable connection.

Any young G.P. may, for a year or so, gain sufficient experience in the service to outweigh the time lost from private practice. After that, from a professional point of view, he will probably begin to lose ground.

Common sense demands that we recognize these facts, take the good with the bad, face our new job realistically, and do it without illusions about what we are going to get out of it professionally.



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GLYCO-THYMOLINE
for speedy relief of
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More doctors than ever before are effectively treating arthritis with ETRON. This increased volume has made possible economies in our operating costs.

We are passing these savings on to your patients as another contribution from our laboratories to the crusade against the ravages of arthritis.

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Of the many therapeutic measures which have been advanced for the treatment of arthritis, ERTRON stands out for its proven safety and effectiveness.

Although the painful symptoms of arthritis are largely confined to the joints, it is certain that the disease itself is systemic. To counteract the effects of arthritis, treatment with a systemic effect is desirable, and for this action ERTRON therapy is exceedingly valuable.

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The method of activation employed in the preparation of ERTRON insures a product so pure that it can be safely employed in high dosages over an extended period of time.

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FOR HYPERACIDITY
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HOFFMANN-LA ROCHE, INC., NUTLEY, N. J.

Gentlemen:

Send me a trial supply of Syntroge! Tablets.

Dr. _____

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Editorial

The Foot in the Doorway

The latest annual report of the Social Security Board, transmitted to Congress by Federal Security Administrator McNutt and excerpted elsewhere in this issue, is another milestone on the road to total paternalism.

That portion of the report dealing with the already well publicized "inadequacy of medical care" is in no sense a surprise. It would have been a surprise only if the usual plug for socialized medicine had been omitted.

From the medical point of view, the report is, more than anything else, a reminder. It warns us once again of the Government's steady, almost imperceptible encroachment on private practice.

How far will this encroachment go? One guess is as good as another. The most we can attempt is a little intelligent speculation.

If this is done, we immediately face the question: "Is compulsory sickness insurance a probability?" As long as the social-reform element continues in power the answer must necessarily be yes.

What kind of compulsory sickness insurance, then?

Here the vision in the crystal ball fades. From what little can be distinguished, it looks like sickness insurance only for those with minimum incomes or with no incomes at all—the rest of the people continuing as before on a private, fee-for-service basis.

Of course there will be the inevitable pressure groups, working to raise the income limit ever higher. But this process of expanding the system will be a slow one. If, in the end, compulsory sickness insurance for the mass of the population does come to pass, it will probably not be until a good many years from now.

Meanwhile the prospect of Federal taxation to provide medical care for the poor will be viewed with mixed feelings by physicians. Many are bound to welcome the prospect of payment for services to this large and currently unremunerative group. Others among us will look with apprehension at the foot in the doorway, wondering when the rest of the body is going to move in also.

—H. SHERIDAN BAKETEL, M.D.

Emergency Medical Defense in a Combat Zone

By John C. Sharp, M.D.



Monterey County, California, has been officially designated a combat zone. The enemy may strike anywhere at any time along the country's extensive Pacific coastline. Here is how the local Committee on Civil Protection has organized an emergency medical service geared to cope with this peculiar vulnerability.

The county is 110 miles long and about 38 miles wide; 3,324 square miles of territory must be

adequately protected. To simplify this task, the county has been divided into three districts.

The first is the Monterey peninsula, on which are the cities of Monterey, Pacific Grove, and Carmel. The second district comprises the Salinas valley and the city of Salinas. King City and the southern part of the county form the third district.

Although each district has its own emergency service, a special committee (comprised of the county defense council's medical director, plus the emergency medical officer and deputy of each district) coordinates personnel and supplies throughout the county. In emergencies, local units can be sent to stricken areas in other districts to attend and help evaluate casualties. Thus Monterey believes it has a set-up which combines the advantages of coordination and decentralization.

The Monterey peninsula is perhaps the most vulnerable; the large Japanese fishing population living there before the war must

¶One of the best organized emergency medical services on the West Coast is to be found in Monterey County, Calif., according to Dr. Wallace Hunt, regional medical officer in the San Francisco Office of Civilian Defense. MEDICAL ECONOMICS asked Dr. John C. Sharp, medical director of Monterey's civilian defense system, to describe the model emergency service in this semi-rural county. For simplicity, Dr. Sharp's article is limited in part to the story of Monterey County District Number 2, which he now actively supervises.



Neophyte: *In Monterey, as in thousands of U.S. communities, earnest first aiders study bandaging, shock, tourniquet points. To relieve physicians for hospital duty, Monterey puts dentists in charge of its first-aid posts.*



Though a practice drill has certain ludicrous aspects, it permits civilian defense doctors to check up on first aiders' skills in such measures as applying a Thomas splint.

well have included some saboteurs. It *might* be both simple and effective for a saboteur to set fire to the dense forests surrounding the cities.

This danger was recognized before our declaration of war; and as early as last September, doctors, dentists, and nurses organized emergency medical services in Monterey, Pacific Grove, Carmel, and neighboring communities. Hospitals and municipalities contributed supplies for first-aid posts, which were established on routes of possible evacuation. Ambulance corps were organized

to transport patients from the posts to casualty stations and hospitals.

The second district, Salinas and the Salinas valley, was organized the day after Pearl Harbor. Ten days later, work was begun in the southern sections of the county. A detailed description of the emergency medical organization in the second district will serve to illustrate Monterey preparations as a whole.

The emergency medical service in the Salinas valley district (population: 40,000) was organized by a council consisting of

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chief medical officer, two deputies, a laboratory expert, two representatives of a nurses' association, and one representative each from a dentists' association, the Salinas defense council, the Red Cross, and from several outlying communities. The district operates as an integrated unit; individual localities can call upon other communities when they need additional first-aid and hospital services.

OPERATION

All emergency medical activity is directed by a central control office. When a bombing or other disaster occurs, the local block air-raid warden, who is trained in first aid and equipped with a few essential medical supplies, will probably be first on the scene. After reporting the extent of injuries to the central control office, he then treats minor injuries himself. If casualties are numerous, the control office may dispatch rescue squads or mobile units to assist him. Serious cases are sent directly to hospitals, while the less severely injured are taken to first-aid posts.

First-aid posts as well report their cases to the central control office, so that central control knows which posts need ambulances and where hospital cases have been sent. By keeping a count of admissions, central control can thus direct fresh cases to hospitals which have room.

FIRST-AID POSTS

First-aid posts, manned immediately

after an air-raid signal, are designed to handle both minor injuries and such urgent cases as shock, burns, hemorrhage, fractures, and failure of respiration.* Location of the posts, in eighteen schools and churches in densely settled areas, has been based on the following determinants: (1) to serve the largest number of people; (2) to be near good roads for transporting casualties; and (3) to have light, heat, and water readily available at all times. Several additional buildings have also been selected for reserve posts.

Each post is capable of operation during blackouts. First-aid kits, stretchers, and other supplies have been purchased with funds provided by the county, by local defense councils, and by the municipalities served. Wardens have canvassed their districts for donations to buy cots and blankets. A survey of all medical supplies available in hospitals and drug stores for replenishing first-aid posts has been made, but no central supply depot has yet been established. In case of shortages, the Red Cross will probably contribute some supplies to help meet the situation.

PERSONNEL

Since physicians will probably be busy in hospitals during emergency
[Continued on page 114]

*Lack of space prohibits publishing the lists of supplies and equipment specified for first-aid posts, warden's kits, and mobile units in this district. However, Medical Economics will furnish physicians with copies of the lists on request.

Do You Give the Patient an Estimate?

By

Alexander J. Warren

Is there a horse-trader in your family tree? No?

Then you probably have as much trouble as the next fellow when the patient asks you to estimate the cost of a series of treatments, a delivery, or an operation.

Should you give an estimate at all? How to evaluate the patient's reasons for asking? What practical diplomacy to use in phrasing your reply?

Summarized below is the pooled experience of some thirty physicians who have sought and found workable solutions to these and related problems. In a series of interviews, these men were asked to discuss the pros and cons of estimating fees and to explain the actual methods they use when the question arises in practice.

WHETHER TO ESTIMATE

Is it wise to estimate a fee in advance of treatment, when requested by the patient?

Majority opinion says yes. The specific advantages of giving an estimate are revealed in these typical quotations from individual doctors:

An estimate is a help to budgeters. "Most of my patients are the kind who have to plan for payment. I try to help by quoting the exact cost of treatment, upon request. If such a figure is not completely predictable, I give fair minimum and maximum estimates. The patient usually is able to arrange his budget accordingly, particularly if I indicate a willingness to accept time payments. I recognize that the time-payment principle is open to abuse, but patients who are frank enough to discuss the question of payment in advance are seldom trouble-makers in this respect. . ."

It helps to keep patients under treatment. "Patients are naturally reluctant to begin a prolonged course of treatment without having some idea of the ultimate cost. If they begin anyway, without settling this uncertainty, they may become hesitant about coming back as often as is necessary. Sometimes they drop out before the doctor has a chance to do them any real good. Rather than lose a patient this way, I always give an advance estimate of the

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It helps to justify the final bill.

"As a surgeon, I know that thorough discussion of the fee before the operation is of great value in eliminating fault-finding when the bill is finally presented. It does away with the following sentiment, once expressed to me by an indignant patient: 'I'd never have had the operation if I

had known it was going to cost that much'..."

It helps to settle the doctor's collection worries. "A specialist is commonly asked for an estimate. It does no good to say, 'Now don't let's worry about that now; we'll discuss it later.' I tried that technique for a while. Trouble was that it left *me* to worry about the fee and when—if ever



"I'm having my appendix out. I've had the medical staff submit sealed bids!"

—it would be paid. So I always estimate. In fact, if a major piece of work is in prospect, and the patient *doesn't* inquire, I bring the question up myself. Any grounds for misunderstanding are thus disposed of from the beginning. . . .”

It helps the doctor to set a fair charge. “Most of my patients are budget-minded. Nevertheless, it requires a certain amount of courage and swallowing of pride for them to bring up the question of fees. I try to keep that in mind. The patient who asks for an estimate gives me the perfect opportunity to discuss the size of the fee and to adjust it fairly ac-

cording to his ability to pay. . . .”

WAYS TO ESTIMATE

Assuming a discussion of the fee is warranted, there still may be many a slip 'twixt the opening remarks and a perfect understanding. Some practical pointers on how to guide this conversation are presented below:

Give a flexible estimate. “I try to estimate an all-inclusive fee only after a thorough examination and a discussion of the proposed therapy with the patient. If there's little chance that complications will arise, I quote a fairly definite figure. When this is not possible, I carefully explain why, and then give a max-

ESTIMATE

Physical examination.....	\$----
Operation	----
Assistant doctor.....	----
Anesthetist	----
Hospital visits (— @ \$——).....	----
Ambulance	----
X-ray	----
Laboratory	----
Operating room charge.....	----
Hospital room and board (— days @ \$—— a day).....	----
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imum and a minimum figure. I assure the patient that I will do all I can to achieve a speedy recovery. . ."

Use the compensation fee schedule. "When a patient asks me for an estimate, I often refer to the workmen's compensation fee schedule. If the patient has an income of about \$25 a week, I charge the minimum fee listed on the schedule. If his income is higher than that, I adjust my fee upward accordingly, though I never set a figure which is more than double the minimum listed. If my fee is ever disputed or if I must go to court to collect, I have the very best substantiation for the fact that my charge was not excessive. . ."

Ask the patient first. "Often it is hard to know what fee to set for an operation. But here's one device that has helped me to arrive at a fair charge: Before the patient has a chance to ask what the operation will cost, I inquire whether he wants a private or a semi-private hospital room, and whether or not he wants a private nurse. His answer gives me something concrete to go on. If he can pay for special care, he can afford a good fee. . ."

Cover all related costs. "I give an exact estimate only in operative cases. But I've found that it's not enough simply to quote my fee for the actual surgery. The patient wants to know the total cost from the time he enters the hospital until his recovery is com-

plete. My policy is to tell him, as nearly as I can, the number of days he will be in the hospital, the rates for room and board while hospitalized, the fees for operating room, anesthesia, nursing, surgical dressings, X-ray and laboratory charges, and so on. If it isn't possible to estimate the number of follow-up visits which may be required, I explain this very carefully to the patient. I have had patients who felt they could walk in on me indefinitely after an operation, seeking free treatment for ailments having little or nothing to do with the original case. . ."

Put it in writing. "In my practice—surgery—the only adequate way of giving an estimate is to put it in writing. So I have had special slips made up (see cut) on which I can list all the charges to be met in connection with an operation. I fill in each entry, give the patient a copy, and keep a copy myself. The patient thus forewarned has no fault to find when he gets my bill. . ."

TO AVOID ESTIMATING

A few physicians stand fast against quoting estimates under any circumstances. Perhaps these men are seldom asked to give one.

At all events, situations do arise where the wisest policy is to avoid giving an estimate. As a means of getting around a direct inquiry, some of the following methods have been found practicable:

Emphasize reasonableness. "I make the point that no two cases are exactly similar. Then I emphasize it by citing one or more examples. I reassure the patient that I will make every effort to minimize the number of calls, and add that I will make the fee as reasonable as possible. The word "reasonable" usually dissipates fear of a heavy bill. . ."

Describe an average similar case. "The most I ever do is to give an approximate idea of how long it takes to clear up an *average* condition of the kind under consideration. Then if it takes longer or if other special factors enter into the final cost, I explain in detail the difference between *this* case and the average one. . ."

Promise a fair charge. "My prompt reply is, 'I promise you

Telephone Technique Your secretary answers the phone. The caller begins by asking "Is the doctor there?" or "May I speak with the doctor?"

How to get the patient's name before giving a direct reply?

Perhaps the best way is to pretend not to hear the caller's question, answering instead: "Yes, this is Dr. Blank's office; who is calling, please?" The name is usually forthcoming at once. Thus forewarned, the secretary can often save calling the doctor to the phone. Or if the doctor is out, she may be able to arrange for a later call or a house visit, without having the anonymous patient hang up.

that the fee will be within your ability to pay. It wouldn't be fair either to you or to me if I were to guess at a figure. You may be sure I'll make the length of treatment as brief as possible.' I rather imagine that my patients accept this statement because they are aware, from past experience, that I never burden them with a bill which it will take them more than six months to pay. . ."

SUMMARY

The patient who asks for an estimate usually gets along on a limited budget. He hesitates to make down payments on services whose final cost he cannot foresee. You can hardly blame him for wanting to settle this uncertainty.

The point is simply that *any* quoted figure—no matter how high it may seem to the patient—will do away with this uncertainty. Once you give the estimate, the patient must either agree to the terms or submit legitimate grounds for a satisfactory compromise. A time-payment arrangement, a minor reduction in the fee, or a combination of the two will provide the necessary meeting ground nine times out of ten.

For an example of how an average case can be handled successfully, consider the following dialogue. It takes place in the office of a physician whom we will call Dr. Danforth; the doctor's secretary, Miss Fulton, has just entered.

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again. Says he's having more trouble and wants to see you about those injections you mentioned last time he was in.

Dr. D: I hate to think of starting him on that course of shots.

Miss F: The expense, you mean?

Dr. D: Yes. As I recall it, he's none too well fixed financially. When the visits begin to mount up, he'll start worrying about the cost. If he doesn't get discouraged and quit, he may back out on the bill. Still, it's the only way I can be sure of helping him. . .

Miss F: Will you see him now?

Dr. D: Yes, show him in.

[*Mr. Little enters. He is a middle-aged white-collar worker, a bit frayed around the edges. After an exchange of formalities, he comes to the point.*]

Mr. L: Well, Doctor, the prescription works fine as long as I keep taking it. But soon after I stop, I get the same old trouble. I'd like to clear this thing up once and for all, and I remember you suggested taking some shots.

Dr. D: Yes, I hoped the capsules would do it, as they have in many other cases; but the injections are the best way of making sure. They take time, but they get results.

Mr. L: Well, I hate to ask—but can you give me an idea of how long it would take?

Dr. D: That's hard to say, exactly. Might take four months—might take five. Certainly no more than six if you came twice

a week. Depends on how you respond.

Mr. L: That long? I didn't realize. . . But that might run into more than I could pay you, Doctor. Can you tell me how much the whole business would cost?

Dr. D: Well, my regular fee is \$3 for each injection, including the cost of the vaccine. Twice a week for four months would be about 34 times 3—around \$102. If it took six months that would be about 52 times 3, or \$156. Somewhere between the two.

[*A moment of silence ensues while Mr. Little completes the mental exercise of balancing these figures against his budget.*]

Mr. L: I don't know whether I could swing it or not. I know it would take me more than six months to pay. Even at that. . .

Dr. D: Well, I'll try to make it as easy for you as I can. I'll make an exception in your case: Anything over \$100 I won't charge you for. Then suppose you pay what you can as we go along, with an idea of settling everything in ten months.

Mr. L: That's very kind of you, Doctor. But I don't like to ask favors. . .

Dr. D: That's perfectly all right. If we can agree on some arrangement like this, it will help clear the way so we can both concentrate on getting you well.

Mr. L: All right, Doctor.

Dr. D: Good! Now, if you'll come right over here. . .

[*Curtain*]



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If You're Joining the Colors

*Here's practical advice on winding up
your civilian affairs—from colleagues
recently inducted into army service*



This article is addressed to the thousands of physicians who will enter army or navy service in the months ahead. It aims to provide specific help in meeting the confusing array of problems involved in winding up business and personal affairs prior to induction.

No magic formula will be found in the material that follows. What's offered is an opportunity to profit by the experience of a large group of doctors who have already been through the difficult period of adjustment from civil to military life.

The article was made possible by the generous cooperation of public relations officials and officers-in-training at the Medical Field Service School in Carlisle, Pa., where MEDICAL ECONOMICS conducted a series of extended personal interviews. All the men questioned had been called to active duty from private practice within the last eighteen months. They ranked from lieutenant to lieutenant colonel; they came from twenty different States; their average length of time in practice had been six years.

Here is what they had to say about engaging substitutes, disposing of offices and equipment, collecting outstanding accounts, buying uniforms, supporting families on army pay, and other important questions:

NOTIFYING PATIENTS

What steps did you take to notify patients you were leaving for military duty?

Repeatedly expressed was the physician's obligation to let patients know in advance. In the order of popularity, the methods used were: Word-of-mouth notification, printed announcement, and form letter.

Word-of-mouth notification was most often used by doctors in small communities who knew well in advance when they were to be called. These men usually were able to count on the help of a news item in the local paper.

Announcements or form letters were decided upon by men called on short notice and unable to see many patients personally. They also solved the problem of the city doctor with a widely scattered practice. [Turn the page]

Doctors who had well-established, lucrative practices naturally had greater reason to undertake the effort and expense of using announcements. They stand a better chance of some day picking up the threads of their former practice; hence their desire to impress upon patients the "temporary" nature of their departure.

A unique notification device was reported by a lieutenant who had been in general practice for three years in Flushing, N.Y. Besides sending out announcement cards, he placed on his office mantle a small, conservatively printed sign which read: "Ordered to active duty in the Army of the United States on December 28, 1940."

PICKING A SUBSTITUTE

Did you refer patients to another doctor or doctors? If not, explain why. If so, on what basis did you make the choice, and how were your recommendations transmitted to patients?

About three out of five physicians referred all or most of their patients to one or more colleagues. The remaining two referred their patients only upon request, or only in special cases, and a few made no referrals whatever.

Much depended here upon the availability of a substitute in whom the departing physician had complete faith. Such a man was not always to be found, particularly in cases where the departing doctor had been in prac-

tice only a short time.

Commonest reason given by physicians who did *not* refer was expressed by a Texas internist: "I wanted patients to assume the responsibility. Otherwise, dissatisfaction with the recommended doctor would have reflected on me." Even among doctors who followed this line, however, exceptions were customarily made in OB and other special cases including patients with chronic ailments.

Most doctors who referred their patients chose only one substitute. Some, however, named two or three colleagues. Not infrequently an OB specialist was named to handle delivery cases while a general practitioner was recommended to all other patients. A few men conscientiously tried to divide their referrals equally among the remaining physicians in their communities.

Chief criterion used in naming a substitute was personal friendship. (As one doctor put it, a friend in this sense is "a man who can be trusted to impress patients with the fact that he is only filling in until I return.") Professional aptitude was a close second. Other named attributes were "reputation," "ethics," and "personality." Luckiest were those doctors who found substitutes physically disqualified for military service.

Actual step of referring patients to a chosen substitute was usually accomplished along with

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the announcement of the doctor's departure. To avoid seeming arbitrary in their choice, most doctors took pains to make the referral as a "suggestion." One man, for example, simply told patients he was "turning all records over to Doctor So-and-So." His reasoning: "Patients who know that their records are in a certain physician's hands, are apt to go to him without being specifically referred there."

The telephone-answering services available to doctors in many cities were in several instances retained to transmit referrals. All patients calling the doctor's number were told that "the doctor has entered military service, but we'll be glad to connect you with his substitute."

Perhaps the best method of referring was employed by the doctor who closed his own office and moved in with his substitute for a month before leaving town. He was thus able to introduce the substitute personally, and to get patients in the habit of going to the new address.

CONTRACTS

Did you make a verbal or written financial agreement with your substitute? If so, what does it cover?

Contractual agreements are the exception rather than the rule. They are more often verbal than written. Contract provisions vary widely; generally speaking, however, they seldom produce revenue for the departing physician.

The lack of financial agreements was explained in these typical statements:

"Never even thought about a contract. Too busy worrying about getting into the army. Didn't have time." (From a Missouri G.P.)

"I wanted to close up with no strings attached." (From a Carolina physician.)

"The man chosen to do my work is, I feel, entitled to all fees." (From a New York internist.)

"The future is too uncertain, both for my substitute and for me. I don't want to be tied to responsibilities a thousand miles away." (From an Oregon G.P.)

The few written contracts reported usually existed between former partners, or were established by men whose lucrative practices enabled them to employ full-time substitutes to take over their work.

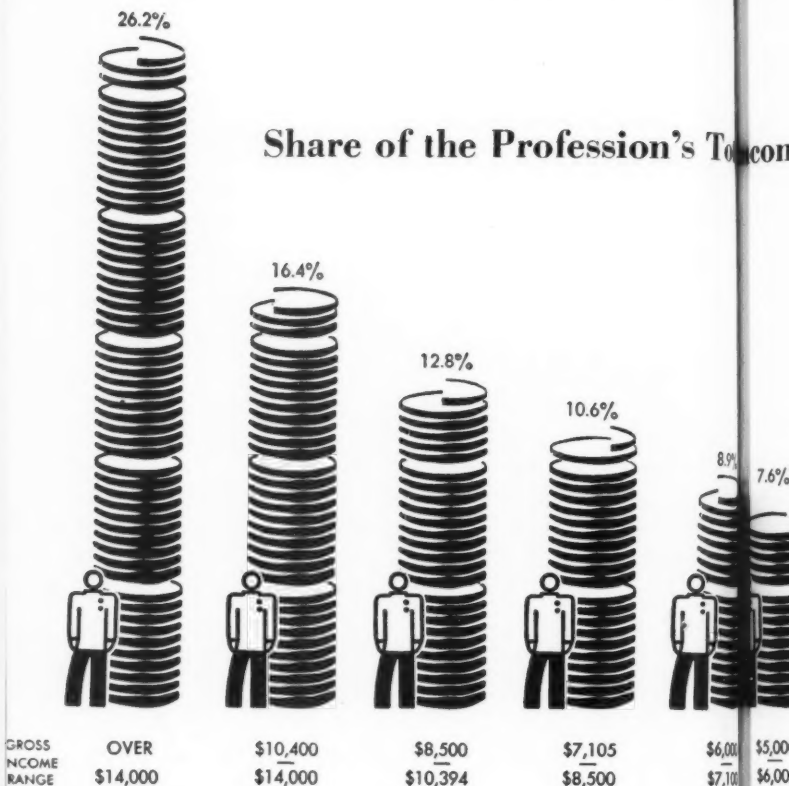
Doctors who chose verbal agreements argue that if a substitute can't be trusted, a legal document won't remedy matters. Calling in a lawyer, they felt would only suggest mutual distrust and lead to needless complications.

Here are summaries of the provisions made in typical agreements:

1. "In return for referring my entire practice to him, my substitute pays me 25 per cent of all he collects from my patients. We never expected he would hold

[Continued on page 84]

Share of the Profession's Total Income

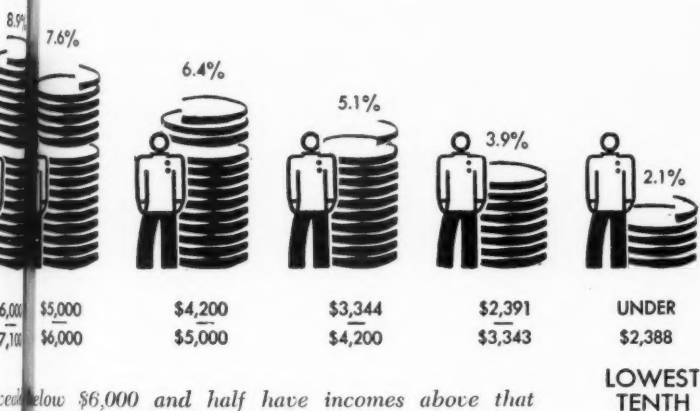


HIGHEST TENTH

The wide variation in physicians' incomes is revealed in this chart. Medical men are grouped by tenths, according to the sizes of their incomes. The lowest tenth, grossing less than \$2,388 annually, receive only about 2.6 per cent of the medical profession's total income. The second tenth receive about 4 per cent of the total income. The highest tenth, grossing more than \$14,000, receive 26.2 per cent of the total income, or about the same amount as the 50 per cent of doctors at the bottom of the scale. Half the country's physicians have incomes

Income Received by Each Tenth of M.D.'s

Source: MEDICAL ECONOMICS' Survey of Medical Practice in 1939. Sample: 7,548 active, private physicians.



ceed below \$6,000 and half have incomes above that is, amount. This \$6,000—the median gross income—is ten considerably lower than the average gross income of about \$7,365. The average (total income divided by total number of physicians) is affected to a greater extent than is the median by the very high incomes received by a relatively few doctors. The median may thus be more truly characteristic. The foregoing figures, it should be emphasized, are for the year 1939. Current professional incomes are no doubt higher.

Chiropractic: Its Cause and Cure

By Arthur J. Geiger



A professional wit has called chiropractic "the malignant tumor on the body of osteopathy." Its founder termed it "the science and art of correcting abnormal functions by hand-adjusting." Between these extremes lie a host of definitions. Nearly all vary widely. Some are flatly contradictory. None is completely satisfactory. After weighty consideration, the

¶This article, the second of a series on America's most enterprising healing cult, describes the status of chiropractic today: its schools, associations, earnings, techniques, and trends. A subsequent installment will consider the conflict which exists at the present time between medicine and the cult.

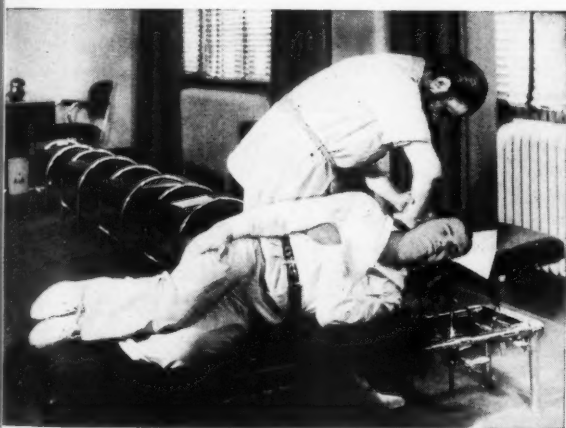
Material for this series was secured in two ways: (1) by standard research methods (libraries, newspaper morgues, interviews), and (2) by an investigative expedient required by the cult's hostility toward medicine (MEDICAL ECONOMICS reporters visited chiropractic officials and schools, as well as rank-and-file practitioners, indicated their interest in the field, and asked for full information about it as an occupation).

American Medical Association has decided that "chiropractic has no fixed meaning."

Its friends and foes agree that it has, however, a basic principle that all disease is due to osseous displacement. In this, it resembles osteopathy. But in another respect it differs. Osteopaths look for this bony root of all evil in many parts of the body. Chiropractors—at least in theory—confine their search to the spine. Says B. J. Palmer, proprietor of the Palmer School of Chiropractic:

"A person comes to us without telling us his trouble. It makes no difference whether a physician has already diagnosed it as insanity, appendicitis, indigestion, or anything they call it. The chiropractor needs to know nothing. He can analyze that spine as accurately *without* knowing—in fact better."

Any misalignment of a vertebra which is less than a dislocation is known to the trade as a "subluxation." Practically nobody under the chiropractic sun is without a subluxation of some kind. One prominent practitioner maintains



Kingpin: *The glistening office and antiseptic mien of chiropractic chieftain B. J. Palmer are not typical. More common among the rank and file, according to reporters' findings, are barren, cheaply furnished offices. Probably few chiropractors can boast of so gadgety a treatment table as B. J. uses in demonstrating spinal adjustment on a docile student.*

that he has "never seen such an individual." This, in some physicians' opinion, accounts for the frequently observed phenomenon that hardly anybody who consults a chiropractor escapes with his spine unadjusted.

On the chiropractor's ability to adjust depends his chance for success. Consequently, he cultivates individual twists as carefully as a baseball pitcher. Many scorn the "straight thrust"—with the heel of the hand—as too crude. Some swear by the more subtle "universal thrust." A few schools have thrusts of their own, with the result that alumni can recognize one another, like fraternity brothers, by their grips. To keep patients' interest from waning many variations have been evolved. "Finger force," "straight arm," "shoulder drop," "torque force," and that killer-diller, "toggle recoil"—all have their adherents. Perhaps the most notable is the "Minnesota method," which calls for the assistance of a mallet and puncheon.

Probably five or six hundred chiropractic colleges have existed in the United States at one time or another. Today there are believed to be from twenty to forty. All receive blanket recognition from organized chiropractic—"pending investigation." Those which advise the American College of Chiropractors that their course covers at least 3,528 hours of study are without further inquiry rated "class A."

Tuition for the complete course usually consumes the better part of a thousand dollars. At some schools the student can enroll any time, as the work is arranged in "blocks" of one month each. Subjects include such esoterica as "syndesmology," "angiology," and "splanchnology." Instruction is purely didactic. The trainee studies anatomy from charts and mannikins—"a clean, sanitary method," explains one catalog. If the student is lucky, he may learn "the theory and art of obstetrics"—but only "in so far as we can obtain cases."

Most chiropractic colleges advertise a three- or four-year course. At the end of that time an attractive assortment of degrees is frequently offered. The student may become a doctor, master, instructor, or philosopher of chiropractic. As an added attraction, one college offers its graduates degrees *cum laude*. If the student doesn't want to be bothered attending classes, he can purchase a correspondence course and diploma from a Chicago institution for \$127.50.

Nearly all chiropractic schools omit entrance examinations. Some prepare students to pass basic science examinations; others do not. But most are likely to agree with the head of the Eastern Chiropractic Institute who brands basic science examinations as "trap controlled by the A.M.A."

The Palmer School in Davenport, Iowa, is the country's best

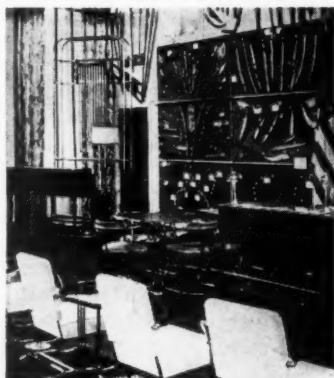
est, best publicized, and best equipped chiropractic college. Other well-known institutions are the Lincoln School of Chiropractic in Indianapolis; the National School of Chiropractic in Chicago; and the Eastern Chiropractic Institute, the Columbia Institute of Chiropractic, and the New York School of Chiropractic, in New York City.

Columbia Institute, though unlike the chromium-trimmed Palm-School, may well be fairly typical of most chiropractic establishments in the country. It is located in an old, three-story, brown-stone residence. The office is furnished with a cluttered desk, table, and six chairs. Over the fireplace is a mantle whose decor includes three tastefully arranged skulls, two spinal columns, and an assortment of equipment headed by a microscope. The school offers two four-year courses, one for \$850 and one for \$750 (plus carrying charges if the tuition is paid in installments). For \$850 the matriculant gets the "scientific" or de luxe course; for \$750, the "standard" course. The former prepares him to pass a basic science examination; the latter does not.

On a par with Columbia Institute is the New York School of Chiropractic. This establishment includes four class rooms, two clinic rooms, a laboratory, and a small office. Students are said to attend classes from 10 A.M. to 1



One sure-fire publicity gambit for any chiropractic convention is a beautiful back contest, with a photogenic glamour girl crowned as Miss Chiropractic. Below, part of the assembly room at the "B.J. Clinic" in Davenport. Spears and war axes are for decoration, not treatment.



P.M. and from 6:30 P.M. to 10:30 P.M., five days a week, ten months a year, for four years. "They should have a high school education, but some get along without it," the head of the school declares. "We teach both the Palmer method (spine adjustment) and the Carver method (manipulation of nerve centers). We've got one instructor here who can just look at a patient and tell what's wrong with him without ever laying a hand on him."

It is estimated that U.S. chiropractic schools have at least 50,000 alumni. About 30,000 are thought to be in active practice. From this it becomes obvious that the public is not chiropractic's only victim. A good slice of the profession has been sold gold bricks by its own schools. One leading chiropractor freely admits that "a great many men have studied chiropractic and never practiced it. One of my friends who graduated from a chiropractic school now manages a shoe store; another works in a bank."

Practitioners of the cult are scattered disproportionately through the nation. California is said to support about one-fifth of them. New York is runner-up, with about 2,000. Wyoming (which has one chiropractor to every two physicians), Colorado, Oregon, Kansas, and Iowa all have more than their share. The South is relatively free of these extramedical men.

Like physicians, chiropractors

tend to concentrate in cities. Statistics gathered in four separated States—Colorado, Connecticut, Florida, and Minnesota—showed that 39 per cent of the States' total chiropractic population was located in cities of 200,000. Only 14 per cent were in towns of less than 2,500 inhabitants.

Chiropractors claim that they treat about 3,000,000 patients a year. Leaders of the cult—especially school officials—are uniformly optimistic in their estimates of how much money a chiropractor can make. In a pamphlet entitled "Acres of Diamonds, Mountains of Gold," a school alleged that the cult is a "gold mine." The Eastern Chiropractic Institute has insisted that its graduates average more than \$6,000 a year. B. J. Palmer declares that "we question if any other profession shows the remuneration which is shown by the chiropractic profession."

Figures reported by the Monthly Labor Review of the U.S. Department of Commerce are probably more realistic, although based on admittedly small samples. They show the average annual net income of chiropractors as follows:

Year	Net
1929	\$2,464
1933	1,342
1937	1,976

That chiropractors are able to [Continued on page 62]

Space-Savers for a Small Office

A remarkable collection of ideas that can be adapted and put to work in any office where floor space is at a premium



you plan to remodel or move to new office quarters where space is limited, a shining example has been set for you by Dr. Marquis of East Orange, N. J. The example is just as pertinent if space is at a premium in your present office.

By making every square inch count, the doctor has compressed a complete 5½-room medical office into a floor area only 22 feet long by 21 feet wide. Yet there is no feeling of crowdedness.

The floor plan, which accompanies this article, is not the only space-saver. A dozen others are suggested in the choice and arrangement of fixtures and furnishings. Many of these ideas are time- and money-savers.

To begin with, the doctor chose a corner location in a professional building, where rent is based on the amount of floor space used. He figured out what furniture, equipment, and working space he had to have; then deliberately floor-planned them in the minimum possible space consistent with comfort and efficiency. When the walls were fi-

nally set, he had a waiting room (11' x 12'), consultation room (10' x 14'), treatment room (8' x 9½'), laboratory (4' x 6'), lavatory (3½' x 6'), and nurse's corner (4' x 6'). The hall is 12' x 4', and has floor-to-ceiling storage cabinets along part of one wall.

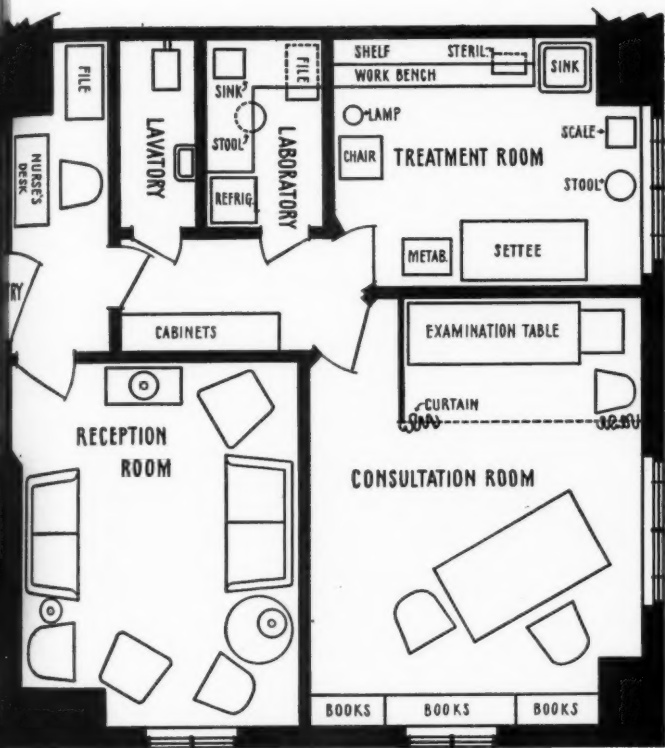
There is in addition a room within a room. This is the ingenious dressing booth (see cut) which the doctor installed in his consultation room. A corner of the room furnished two walls. A wood partition was built to provide the third wall. Across the fourth side, suspended from a bar, attractive heavy curtains slide open or closed at the flick of a draw-string. The 4' x 6' 5" cubicle thus created cost about \$20. Its furnishings include a chair, mirror, shelf for belongings, and hooks for clothes, besides an examining table.

This arrangement has all the advantages common to any small enclosure set aside specifically as a dressing room. The patient dresses and undresses in complete privacy, without the discomforting presence of instruments and

A black and white photograph of a dark wooden cabinet with a large glass door. The cabinet is positioned in a room, and the glass door reflects the interior, showing a desk and a sign that reads "NURSES DESK". The cabinet has a classic design with a dark wood finish and a large, clear glass panel. The reflection in the glass shows a desk with a sign that says "NURSES DESK" and some papers on it. The cabinet is standing on a light-colored floor, and the background is slightly out of focus, showing other parts of the room.

ery at every step. She simply goes to the Beside the patient, who is lying on the table, which is already covered with a clean sheet, she pulls over her another sheet, under which she finds neatly folded the instruments. They are at one end of the table. When she is ready, the doctor enters and begins the examination. The required instruments and supplies are stored, out of sight, in the drawers of the table. The table may be swung out from the wall

64



Scale: 1"=5'

Besides saving space and effecting a minimum exposure of the patient, this arrangement saves time for both doctor and nurse. They are spared the trouble of conveying the patient from dressing room to examining table. And the second patient may be attended in the treatment room while the first is undressing.

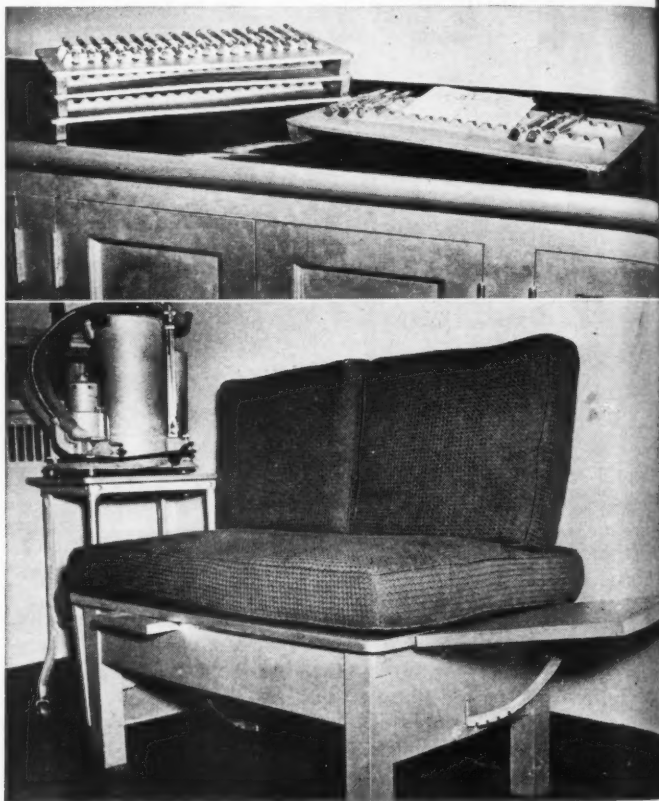
Despite the dressing booth, the patient is not likely to feel

cramped while in the consultation room. As he sits talking with the doctor, he faces away from the booth. Even when it is viewed head-on, there is no suggestion of bulk, for the curtains are always drawn to the sides when the cubicle is unoccupied.

In the treatment room is another improvised space-saver. This is the settee pictured on another page. Originally, this was a

plain wooden treatment table. Leaves at either end may be fixed horizontally to extend the top-surface length. With a saw, the table legs were cut down and a sofa-type seat and two back-rest cushions were added.

The settee may be quickly converted into a full-length couch by raising the leaves and placing the back-rest cushions on them. A second conversion is accomplished by covering the couch with a sheet, and sometimes adding



Cutting down the legs of a treatment table and adding cushions produced this three-in-one settee,

couch, and emergency examining table. Shown at top are space-saving portable syringe racks.

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*To judge small amount of space taken by nurse's desk,
note height of doorknob.*

ing a small pillow, to produce an examining table.

Doing triple duty as settee, couch, and examining table, this single piece of furniture can hardly be expected to fulfill each role perfectly. But it saves a whale of a lot of space—and cost less than would any one of the pieces it substitutes for. Its utility multiplies the number of situations in which patients in the treatment and consultation rooms may be cared for simultaneously. The treatment room is also featured by a long, narrow work-bench,

with storage cabinets beneath it, which was built against one wall.

Saving space in the waiting room meant a hunt for small-sized furniture. The result: a small, non-bulky, upholstered armchair and a pair of sylph-like two-seater sofas featured by maple arm rests in place of the usual bulging sofa arms. These are enough to make the room comfortable. They are supplemented by three occasional chairs. Unavoidable in a room this size is the disadvantage of having some seats directly facing others. [Turn the page]

Two other ideas were employed to eliminate the feeling of crowdedness in the waiting room. One was the trick of placing curtains *alongside* the window, creating the effect of a bigger window yet shutting out none of the light. Second idea was to paint the ceiling (and a border down from it) a darker color than the walls. This has "flattened out" the room, making it seem less tall, but wider and more spacious.

The nurse's "office" (see floor plan) occupies about as much space as an ordinary closet. A positively tiny desk was found after considerable shopping around. It was promptly made tinier by cutting down the legs. To compensate for lost knee-room, the shallow cross-drawer was permanently removed. The desk surface is now low enough to permit comfortable operation of the typewriter which is placed on it. In the three side desk drawers, and in the tall filing cabinet set into a niche at the nurse's elbow, is space for stationery, forms, and records.

But what in heaven's name does the doctor use for storage space? Chiefly, the floor-to-ceiling cabinet which he had fitted into some extra floor-space in the hall. It is divided into four compartments, one of which is used for hats and coats, and occupies less actual floor area than even a small closet would have taken. Other storage space was provided by putting several shelves above

the work surface in the laboratory, and cabinets beneath it.

Keeping voice sounds and other noises from traveling between rooms is a problem in any office let alone a small one. If you take another look at the floor plan, you'll see how Dr. Margolis solved it. Note the doors—six of them, not counting the entrance. Normally, when a patient is in the treatment room, only one door need be closed. If it's a troublemaker, some youngster, close the laboratory door. If he's *very* troublesome, close the waiting-room door too. The doors also help to keep in sight cases from coming in the line of vision of other patients.

A minor but interesting feature of this Lilliputian domain are the syringe racks (see cover which save both space and time). They were hand-made by a surgeon-colleague with a penchant for carpentering and may be stacked one on top of another. Each will hold as many as eighteen syringes—a number which is occasionally required in performing skin tests for allergies. The racks enable the nurse to fill and lay out the required number of syringes just before a patient goes into the treatment room. When the doctor enters, the patient and the syringes are ready. When the doctor has finished, the racks are whisked back to the lab with the lost motion collecting the syringes and wiping up after.

—JOSEPH DEWEY SHAW

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Service Insurance Explained

*For doctors who may be called by
the army or navy: a review of life
insurance offered by Uncle Sam*



National Service Life Insurance is now available to men on active duty with the U.S. Army, Navy, Marine Corps, and Coast Guard—medical officers included.

It comes in the form of 5-year term insurance which may be converted (within one to five years) into ordinary life, 20-payment life, or 30-payment life insurance.

The following table shows the term insurance and ordinary life insurance premiums at ages 30, 35, and 40. The figures are for \$10,000 of insurance—the maximum that can be obtained.

Age	Monthly Premiums for	
	5-Year Term	Ordinary Life
30	\$7.10	\$15.60
35	7.60	18.00
40	8.50	21.20

Note: The premiums indicated in this table may be reduced by dividends.

National Service Life Insurance is payable only to your wife, children, parents, brother, or sister. If no beneficiaries are available within these degrees of relationship, no death benefit is authorized.

The death benefit cannot be paid in a single sum. If your beneficiary is less than 30 years old, the proceeds must be paid in installments for a period of twenty years; the monthly installments (which include principal and interest) are \$5.51 for each \$1,000 of insurance. If your beneficiary is 30 or more years of age, the death benefit must be paid as a life income. The amount of this income depends on the beneficiary's age; if your primary beneficiary dies before payments have been made for ten years, the life income is continued to a secondary beneficiary for the remainder of this ten-year period.

Premiums will be waived if the policyholder is continuously disabled.

An important advantage of this insurance is that it does not have the war clauses that would be added by life insurance companies to new life insurance issued to the same policyholders. Moreover, its cost will undoubtedly prove favorable, because the Government promises to shoulder

[Continued on page 101]

Fee-Splitting Issue Renewed

*Should fees be split openly? Here's a
summary of current pros and cons*



Ancient but still lusty, the fee-splitting controversy has come boiling up again with the heated vigor of a geyser. Latest recrudescence has arisen over the propriety of open (*i.e.*, frankly publicized) division of fees. Increased professional interest in this topic was symbolized by the remarks of Dr. Maximilian A. Ramirez in his inaugural address as president of the New York County medical society.

"Many really honest doctors who split fees do so purely because of economic necessity," Dr. Ramirez said. "And you know as well as I do what happens. This 'hush-hush' attitude forces honest yet financially embarrassed physicians, contrary to their desire and better judgment, to refer cases to men who will split.

"I am convinced that were we to adopt a system whereby it could become an established custom, known to every patient, for the referring doctor to receive a part of the fee collected, then most of the objectionable features attending a secret division would be eliminated."

The New York Academy of

Medicine, in whose auditorium the address was made, promptly announced that it had no sympathy with any form of fee-splitting. After a week of extensive off-the-record discussions the proposal by local physician Dr. Ramirez sent a letter to each of the 5,362 members of the county society, which said: "I am opposed to the division of professional fees by physicians under any and all circumstances. . . . I brought these matters to the attention of the profession in order that we [might] appoint a committee to study this matter."

Stimulated by this public renewal of the controversy, many physicians have re-analyzed the standard arguments for and against an open division of fees. Divested of unessentials, the arguments are about as follows:

Those opposed to fee-splitting assert that the proposed openness has no bearing on the ethical issue involved. They argue that secret fee splitting is not in the patient's best interest, merely to concede that it is taking place will not rectify the situation.

The basic objection against a fee v

form of fee splitting is a dual one. In the first place, say those who oppose it, a practitioner who splits fees will refer his patient not to the best specialist but to the one who offers the biggest rebate. Secondly, it is said, fee splitting may tempt physicians to recommend unnecessary and perhaps inferior treatment.

Men who argue in favor of legitimized fee division dispute most of these assertions. Their basic contention is that fee-splitting can never be stamped out, because the economic force behind it is too strong. This force, they claim, springs from a fundamental inequality between the fees patients are willing to pay to specialists and general practitioners. Typical expressions of this view:

From a general practitioner:

"I expect the surgeon to whom I refer an operative case to credit me with a portion of his fee. I am the one, more often than the surgeon, who carries the real responsibility for an operation. I make the diagnosis, advise the operation, and recommend the surgeon. But it is impossible for me to collect a commensurate fee. For my own financial salvation I must look for a reasonable share of what the surgeon gets."

From a specialist: "If I did not return approximately one-third of my operative fees, many cases would not be referred to me but to others. I can see no basic reason why it is dishonest to share a fee with a colleague who would

otherwise not receive his proper portion."

Conclude the proponents of fee division: "Here is a situation which cannot be corrected by an unrealistic code of ethics. There are two unhappy results. First is the fact that doctors and public alike lose respect for our professional integrity. Second is the risk that truly dishonest forms of fee-splitting may flourish under the cloak of secrecy."

"An open, frank division would have many benefits. Some of them: (1) a fair adjustment of inequality in professional fees; (2) the prompt detection of those dishonest few whose fee-splitting is purely mercenary; and (3) an increasing respect within and without medicine for our ethics."

Almost all who are in favor of open fee division agree on one point—that the term fee splitting carries a stigma which might seriously handicap any new plan. Most often mentioned as an acceptable substitute is the phrase reference fee. Lawyers, architects, and engineers are among the professional men to use this term.

During the heated discussion in medical circles which followed Dr. Ramirez' speech, one physician commented:

"As I see it, there appears to be no constructive logic in refusing to discuss a condition which we all know exists. Perhaps none of us has a clear and concrete cure for this evil; but that is no reason to ignore it."



Knocker: *He stuns eighty-five steers an hour, has one of the meat industry's safer jobs, and is supposed to kill, since heart action speeds bleeding. Less safe are hog shacklers, who often get bites and contusions.*

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My Patients Are Knockers, Shacklers, and Boners

By

Robertson C. Damrell, M.D.

the doctor whose routine needs
the spice of variety should try
working for a meat-packing com-
pany. You never know what's
coming next. Today, for exam-
ple, as I come on duty, a typical
heterogeny of patients is waiting
in the anteroom.

Herman Hinkle comes in first.
He wants to have the stump of
his right index finger dressed,
having had the misfortune to lose
the finger last week in a sausage
machine. While I am at work on

the dressing, the cutting room of
the beef-kill sends in John Zabel-
ski, whose scalp is bleeding pro-
fusely. I ask Herman to be pa-
tient while I look at John's in-
juries, which are painful though
not serious. It seems that a side
of beef dropped off its hook on
an overhead track and caromed
off John's sturdy Polish skull. He's
a little shamefaced, since the com-
pany is constantly cautioning
workers to avoid standing too
close to the track line.

Shortly afterward, Werner Jack-
son, a "smoke man" from the
smokehouse, comes in to have his
minor burns dressed. Then there
is Alma Brown, who pulls gut
strings in the gut department and
smells accordingly. She has a par-
onychia, as has Miss Everett of
the billing department who fol-
lows her.

Next patient is George Brazos,
who "pumps hams" (injects a
pickling solution into raw hams).
He has a hand wound accidental-
ly received from the large needle
he uses. A careful dressing is in-
dicated for the company has
learned to be especially watch-

For five years the writer of this ar-
ticle has worked part-time for a Chi-
cago meat-packing company that
employs 6,000 people. He secured
the position immediately after com-
pleting his internship, and has
since made use of it as a backstay
while building up his private prac-
tice. Here he tells the story of a
physician in an industry where nu-
merous occupational hazards and
unusually strict hygienic standards
are the rule. His account is pre-
sented in his own words—though
professional reticence and company
policy have combined to require the
use of pseudonyms.

ful of lacerations received by employees working in the ham department. "Salt ulcers" from the highly concentrated brines used are both quick to develop and slow to heal.

When the rush of waiting patients slacks off, I call in one of the applicants waiting for a pre-employment physical examination. Since most of the employees are food handlers, exams are done with great thoroughness, and are augmented with laboratory tests and X-rays. All correctable physical defects are noted and carefully explained to every applicant. If a man is laid off and later comes up for re-employment with his defects still uncorrected there's a good chance he may be rejected.

My duties at General Packing are threefold: care of accidental injuries (which requires the bulk of my time); supervision of employees' general health; and physical exams of new and re-employed personnel. As the medical director explained to me the first day, the job demands a thorough general training and an adaptable personality. Specialist training might not be suited to so broad a set of duties, and the physician with a cactus manner might have trouble securing workmen's confidence.

I work on the last of the two shifts, from 2 to 7 P.M., which leaves morning and late evening free for my own practice. It's proved, in my case at least, an ex-

cellent method by which a beginner fresh out of internship can weather the first lean year. My starting salary was \$125 a month, and it has since gone up by gradual steps to \$175, with two weeks' vacation and ten days sick leave a year.

The medical department which watches over the company's 1000 employees is staffed by one full-time and three part-time physicians. The former, titled Director of Medical Attention, supervises the department and determines general policies; the rest of us stand duty at the first-aid station, dressing rooms, and emergency hospital. In addition, we have a well fitted laboratory for X-ray and physiotherapy rooms. Two full-time nurses are employed. Contrary to the tradition of industrial medicine, we are not greatly burdened with paperwork; it averages less than half an hour a day.

Some aspects of the work, to be frank, aren't wholly to my liking. One is that we must be scientifically ultra-conservative. Occasionally I feel that in some particular case a new procedure, yet wholly out of the experimental stage, may be indicated. But company policy says that I must stick to wholly accepted therapeutic measures, bearing in mind that our lawyers may have to defend in court every action I have taken. As the medical director puts it:

"Suppose we try some new

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technique and the case ends up in the courts. We can depend on the plaintiff's lawyers to make much of the theme that here is old John Kabiskovitch who gave his best years to General Packing, and then, when he got sick, was used by the company doctors as a guinea pig."

Ability to get along with patients is no empty platitude for practice in the meat-packing industry. Many of the workers are foreign born, semi-literate, and somewhat suspicious of medical science. For example:

I treat Joe Espaniotti for a puncture wound of the foot, giving him tetanus antitoxin, applying an antiseptic, and finishing off with a neat bandage. He returns the next day minus the bandage, his foot wrapped in a dirty rag which binds a piece of bacon rind to the wound. "My wife, she fix 'em good!" grins Joe.

My first thought is to bawl him out for such stupidity. Then I reconsider, sit down, and explain carefully why my way is best. He listens politely and, if I am successful, goes away convinced that "The doc, he's 'a all right."

Bandaging is often a problem. If a worker is employed for example in canning hash, preparing sausage, or trimming hams, the bandaging of any small injury must be both watertight and wholly non-destructive to the product. We take great pains in guarding as far as possible against the ever-present danger of in-

fections. Undulant fever, erysipelds, and tetanus are always possibilities to keep in mind.

Rather common are foreign bodies in the eye. Those who incur this difficulty most often are the hog-shavers and the men who work out in the yards. I also see a number of interesting skin cases. In fact, there are dermatoses peculiar to almost every department in the company, (*e.g.*, the men in the hog gang who often get "hog-itch"). Workers who demonstrate sensitivity to a particular material are usually removed from contact with it by being given a different job.

One of the safest jobs in the plant, oddly enough, is held by the "knockers." They are the men who stand on platforms at the edges of the cattle chutes and stun the animals with a blow on the skull. Swinging heavy sledges as they do at the heads of terror-crazed steers beneath them, they would seem to be likely candidates for injury. Rarely, though, do they get hurt.

This isn't true of the "shacklers." Their job is to slip a chain hitch around the hind legs of a hog so that it can be hoisted up to have its throat slit. The porkers are wont to offer strenuous objection to such treatment; and unless a shackler is especially deft, he is occasionally sent to the medical department with bites, scratches, or contusions.

The "boners" are the real knife artists of the industry. To them

COLLOIDAL IRON



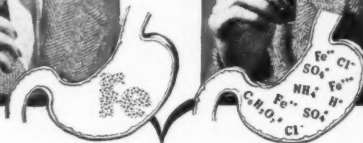
Non-Ionizing;
Non-Irritating

VS

IONIZABLE IRON



Iron Salts May
Irritate Stomach



In Anemia of PREGNANCY

THE prophylaxis and treatment of anemia of pregnancy poses a special problem because of the instability of the alimentary tract in gravid women. In the solution of this problem, the intrinsic advantages of colloidal iron over ionizable iron salts (sulphates, citrates, etc.) is of major significance. In the stomach, the iron salts ionize into iron and acidic ions likely to be astringent and irritating. This is true regardless of whether the salts are in pure form, in masked solution or in coated tablets. In the alkaline intestine, the salts form precipitates which are dehydrating, constipating, and not easily assimilated.

But these things *cannot* happen with

OVOFERRIN, for OVOFERRIN is colloidal iron. It is *not* in ionic form. It is *not* affected by the gastric juice. It remains stable and cannot irritate. It cannot constipate for it reaches the intestine as a fully hydrated colloid—a form in which nutriment is readily absorbed. For these reasons physicians have come to regard OVOFERRIN as the ideal hematonic in pregnancy. For these reasons also, OVOFERRIN has achieved a reputation as "The Rapid Blood Builder" in secondary anemia, convalescence, anemia of children, and run-down states. Its palatability and high assimilability assure patient co-operation and better results. Sample on request.



PREScribe **OVOFERRIN**

COLLOIDAL IRON-PROTEIN BLOOD-BUILDER

In Secondary Anemia, Convalescence, Pregnancy,
"The Pale Child," and Run Down States

A. C. BARNES COMPANY

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falls the task of separating the edible portions of a carcass from the bones, and their skill with a small-bladed boning knife is extraordinary. Though the knives are razor-keen, serious mishaps are uncommon—due in part to the fact that they wear flexible steel gauntlets.

The gauntlets are but one of many safety measures the company has adopted on the recommendation of its medical department. We have cut the number of heat exhaustion cases to about a quarter of the previous volume by placing salt tablets near drinking fountains—and by a campaign which taught workmen to take them. The medical department keeps a careful check on all suspected cases of contagious disease, both among employees themselves and members of their families. Employees whose physical exams show systolic pressures of 190-200 are not allowed in jobs where sudden unconsciousness might endanger them or others.

The industrial physician must have an alert eye for persons who try to claim that non-occupational injuries should be treated at company expense. Now and then some workman will come in with a prepatellar bursitis, earnestly explaining that he got it while loading sausages in a truck. Or a hog-shaver will show up early in the day with a foreign body on the cornea. Though it has obviously been there for a number of hours he may claim that it just

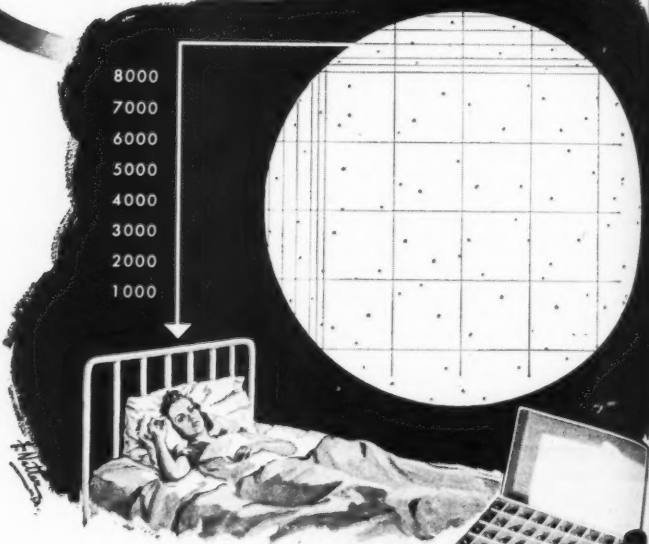
happened. If the doctor is proficient in his questions, he can perhaps elicit an admission that the trouble began while the workman was watching a ball-game the evening before.

The genuinely educational value of the job was recently driven home to me when I met a colleague who had been a classmate in medical school. He had built his private practice the hard way—by opening an office and waiting for patients to come to him. In the course of discussion, he confessed that the variety of cases he saw was small; he hadn't seen a Colles fracture, for example, since internship. Yet in a typical afternoon at General Packing, I may see several fractures, a gall-bladder colic, a thyrotoxicosis, and a half-dozen other cases as varied and interesting.

In fact, when I think of quitting my job at the plant, I become definitely nostalgic. Maybe the odor has gotten into my blood. My wife is sure it is in all my clothes.

Envelope Moistener	If your secretary mislays her envelope and stamp moistener the afternoon a large number of letters must go out, she can save herself from a case of gummed tongue by this simple expedient: Fill a test tube with water, place a patch of chamois over the open end, and bind it on with an elastic. Result is an effective envelope moistener.
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In Sulfonamide Therapy when the Leukocytes decline:



Armour **YELLOW BONE MARROW CONCENTRATE**

Leukopenia and Agranulocytosis are among the most serious side effects which may mar the happy results of chemotherapy. Preparations of the sulfonamide group as well as the arspenamines and amidopyrine may depress leukocyte production by the bone marrow. It has been repeatedly emphasized by clinicians, that the white blood count and the percentage of polymorphonuclears should be checked

frequently whenever such preparations are administered. When either of these factors show an ominous drop, the drug should be discontinued and bone marrow stimulation undertaken. In both severe and mild cases, most gratifying results have been reported from the use of **ARMOUR YELLOW BONE MARROW CONCENTRATE**. The leukocyte count improves and the patient appears brighter almost at once.



DOSAGE: —

In severe cases, one teaspoonful every four hours until a satisfactory response is noted — then reduce accordingly. May be administered mixed with ice cream, malted milk, tomato juice, etc. For milder cases, it is also available in four minim gelatine granules — 2 or 3 granules T. I. D.

**THE *Armour*
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State Medicine Forces Gather for New Onslaught

By

Kimball Bailey

The war of nerves along the state medicine front may soon develop into something reminiscent of the old pitched battles between organized medicine and the New Deal. Already there have been flare-ups, and medical leaders are warning camp followers to expect a major offensive soon. The stakes to be fought for have been clearly set by the Social Security Board, a division of Paul V. McNutt's Federal Security Agency. They are described in the board's Sixth Annual Report, recently submitted to Congress.

Noting that "problems of sickness and disability cut across all programs administered by the board," the report states:

"The absence of systematic provision for compensating wage losses due to disability and for meeting the larger costs of medical care is a major shortcoming in social security in the United States. . . It is significant that in most countries sickness insurance antedated unemployment insurance and has proved a method of preventing undue demands upon unemployment funds. . . The board

is convinced that a system of disability compensation would now be feasible and that it is a necessary adjunct to the existing program. . .

"The board believes also that measures to assure adequate medical care to all who need it and to protect workers and their families against the costs of medical care are of basic importance to social and national security, and that a beginning should be made in this field. This belief has been confirmed. . . by the large proportion of young men found physically unfit to enter the armed forces."

A later section of the report reveals clearly that these proposals have reached the advanced planning stage:

"Problems related to health, disability, and medical care continued to receive attention during the year, particularly in. . . their relation to the need for additional social security measures. A study. . . of economic insecurity incident to ill health and disability was continued. . . and cost estimates and alternative specifica-

tions were prepared for specific legislative proposals in this field.

"Consideration has been given to various proposed methods for providing more nearly adequate medical care. . . and analysis of experience under various types of voluntary plans for prepayment of the costs of medical care, including hospitalization, has been continued to gauge the extent and nature of needed services and personnel."

Latest information from Washington indicates that the zero hour may be at hand. Opening shot was President Roosevelt's request, in his budget message to Congress, for "an addition of permanent and temporary disability payments and hospitalization payments beyond the present benefit programs." In the same message, the President laid even heavier stress on the need for extending unemployment insurance benefits.

It is through this latter avenue that majority leaders in Congress are working toward the Administration's objectives in the health field.

Following the social security planners, they argue that if a man who cannot secure work deserves unemployment benefits, a man temporarily kept from his job by illness or disability has an equal right to receive benefits in the form of Federal insurance payments.

Legislation now being formulated is understood to involve a 1 per cent increase in present social security taxes, the new funds to be used for two purposes: (1) cash benefits payable to workers during periods of temporary disability; and (2) cash payments of \$3 a day to insured workers or dependents for required hospitalization.

This prospect of compulsory Federal hospitalization insurance

Warning! Collection agency CLAIMS should be INVESTIGATED

Beware of credit or collection agency representatives who claim that their companies are "endorsed" or "recommended" by MEDICAL ECONOMICS.

According to reports from several physicians, representatives of at least two nation-wide collection agencies have recently made false statements of this character to convince doctors of the merits of their service.

MEDICAL ECONOMICS never directly endorses any individual credit or collection service. Needless to say, there

are a number of reputable companies with commendable records in this type of work. But only in the sense that a few of the better services have advertised in MEDICAL ECONOMICS can it be said that this magazine has passed judgment on their merits. If an agency cannot produce tangible evidence that his company's advertising has been accepted (hence approved) by MEDICAL ECONOMICS, any so-called endorsement he refers to is probably a fraudulent misrepresentation.

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SMITH



Benzedrine Sulfate in Mild Depressions

AN IMPORTANT NEW STATEMENT

THE PHYSICIAN in general practice, as well as the specialist, encounters many patients suffering from mild depressions. With such patients, there is ample evidence in the literature that Benzedrine Sulfate therapy will often produce some or all of the following effects:

- (a) Increased mental activity and interest.
- (b) Optimism, cheerfulness, euphoria, increased self-assurance and sense of well-being.
- (c) Psychomotor stimulation; increased interest, motor activity and accessibility.
- (d) Increased feeling of energy and alertness; increased capacity for physical and mental effort.

In many patients, depression may occur as an accompaniment of some more fundamental pathology, either organic or psychogenic. In such cases, the physician should bear in mind that while Benzedrine Sulfate will not affect the underlying condition, its stimulatory effects may help to alleviate the depression which so often interferes with the management of the case. It is primarily useful in depressions characterized by apathy and psychomotor retardation, but is contraindicated in patients manifesting anxiety.

The use of Benzedrine Sulfate by normals should not be permitted; it should always be administered under the careful supervision of a physician; and depressive psychopathic cases should be institutionalized.


In treating depressed patients with Benzedrine Sulfate, the physician should bear in mind that any drug which produces pleasant or euphoric effects may prove to be habit forming—especially in unstable or neurotic individuals.

BENZEDRINE SULFATE TABLETS

Brand of amphetamine sulfate

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INTERNAL IODINE MEDICATION**

For an effective alternative, sorbent, glandular stimulant, and eliminant, clinicians find Gardner's Hyodin—

Less toxic—It minimizes the risk of iodism caused by stronger alkaline iodides.

More stable—Its acidity precludes release of irritant elemental iodine by the gastric juice.

More palatable—Has pleasant lemonade-like flavor, and is well tolerated, especially by the stomach.

HYODIN

Formerly Gardner's Syrup of Hydriodic Acid

Firm of
R. W. GARDNER
Orange, N. J. (Est. 1878)

Supplied in
4 oz. and 8
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Send for
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Firm of R. W. Gardner, Orange, N. J.
Send me a clinical supply of
Hyodin with full data. E-4

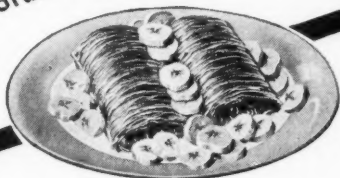
Dr. _____
Address _____
City _____

has drawn vociferous outbursts from organized medical and hospital groups. Thus, Dr. Roger I. Lee, A.M.A. trustee and President of the American College of Physicians, calls the proposed plan "a leap into compulsory health insurance under a new title." Dr. Nathan B. Van Etten, 1940-41 A.M.A. president, is on record with the opinion that such a program would mean the destruction of voluntary prepayment plans, voluntary hospitals, and private medical practice. Identical sentiments have been voiced by many other leaders in the profession, with a noticeable emphasis on the theme that national defense is being used to cloak the state medicine drive.

Deeply concerned about the latest developments in Washington, the American Medical Association has taken special pains to attack these "radical proposals." In a statement issued to the press, the association reviewed New Deal aspirations in the health field and warned:

"It is clear that the goal of the Social Security Board is definitely a nationwide system of compulsory sickness insurance. Every proposal for expansion of social security must be considered in relation to that goal. The present proposal is for the payment of \$3 for each day the worker is hospitalized. This must, of course, be translated into proposed legislation before all its implications can be fathomed. The proponents of voluntary hospitalization and

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Whole Grain Foods in the diet



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And high among the "preferred" whole grain foods is Nabisco Shredded Wheat—100% whole wheat toasted in slender strands for easy digestibility and ready assimilation.

Nabisco Shredded Wheat supplies *all* of whole wheat's energy. It is low in cost and extremely easy to make ready for serving. Two biscuits with milk provide a substantial one-dish breakfast, hearty but not too heavy for the normal person.

In recommending this cereal, which has been recognized for more than 45 years as an excellent "standby" food, it is well to mention the full name, "Nabisco Shredded Wheat," which is the original Niagara Falls product.



Baked by **NABISCO**
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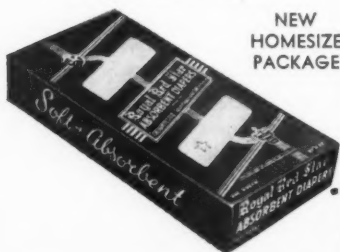


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medical service plans have felt that the enactment of such legislation would sound the death knell of their voluntary proposals. Federal payment and control of hospitalization costs would destroy local, religious, and private community interest in the maintenance of voluntary hospitals, jeopardizing their future and inhibiting the initiative to assist them..."

If You're Joining the Colon

[Continued from page 55]

more than 50 per cent of my patients, but most of them give him a trial and it's been worthwhile to both of us. He keeps separate records on my patients and sends me a check every month." (From a New Yorker.)

2. "Substitute uses my office, retains my secretary, assumes all overhead, and pays me 10 per cent for one year. Secretary spends part of her time collecting my back accounts. I've agreed not to return to the same building. Big advantage: It keeps my practice together in qualified hands in the same office. A sick patient's natural reaction is to call the old number." (From an Ohio G.P.)

DISPOSING OF RECORDS

How did you dispose of your records and case histories?

No single method was favored by a majority. All methods, however, might be grouped according to the availability of records and histories to other doctors. By this standard, 40 per cent freed

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"We expected a deficiency in B124,[†] but all they have is a heavy cold."



The unexpected still happens in Vitamin B complex experiments—ample evidence that we still don't know all we need to know about the many B vitamins.

That's why fully effective Vitamin B therapy still requires administration of some time-tested natural source of the entire Vitamin B complex. You can select the proper preparations for your patients from the wide variety of ethical Vitamin products containing "Vitab"® Rice Bran Concentrate.

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"Vitab" Rice Bran Concentrate is derived from the same natural cereal grain in which Vitamin B originally was found by Eijkmann, in 1897.

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"Vitab" Rice Bran Concentrate contains all B vitamin factors observed but still not positively identified, in addition to thiamin, riboflavin, pyridoxin, nicotinic acid, and pantothenic acid, as they occur in nature.

Rice Bran as a B complex source is backed by 44 years of clinical and experimental research.

Ethical vitamin products containing "Vitab" Rice Bran Concentrate are produced by leading pharmaceutical houses whose names you know and trust.

Products containing "Vitab" Rice Bran Concentrate are palatable and are easily administered to patients of all ages.

For fully effective Vitamin B therapy—prescribe ethical vitamin products containing "Vitab" Rice Bran Concentrate.



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Harrison, N. J.

distributed their records to others; 40 per cent kept all records, but permit others to consult them; and 20 per cent refused to make records available under any circumstances.

Among doctors who distributed case records freely, the commonest expedient was simply to hand them over to a chosen substitute. Other methods involved mailing the records to any physician chosen by the patient, or giving them to patients themselves. In a few instances, the departing doctor went over individual records with

his substitutes, coding each patient as either deadbeat, slow payer, or good pay.

Single method most often reported was to put records in storage with a member of the family, a secretary, or associate. The person was instructed to allow other physicians to inspect histories, but not to remove them from the file.

Men who ruled against giving out case histories argued that it was up to other men to get the facts the same way they did. They also wanted to avoid all risk that records and histories would be lost or scattered by the time of their return to practice.

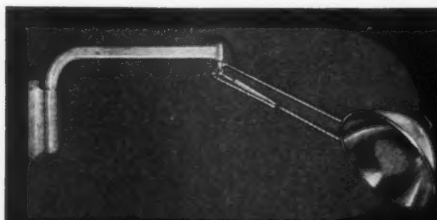
EQUIPMENT

What did you do with your office equipment?

Just over half the men interviewed put their equipment in storage. The others rented it, sold it, loaned it, or gave it away. The average doctor entering service believes instruments and apparatus of all kinds will be highly priced and scarce by war's end. Even the men who sold their equipment concurred in this belief.

Tapes on Blinds

If the tapes on your Venetian blinds are soiled, or if you'd like to put new facings on them for a different color effect, you might try recovering them with gummed ribbons now on the market. These stick-on tapes are available in seventeen different colors and in all standard widths. They are applied without moistening, conform fully to the folding of the regular tapes, and may be removed without marring the tape surface. Modest cost.

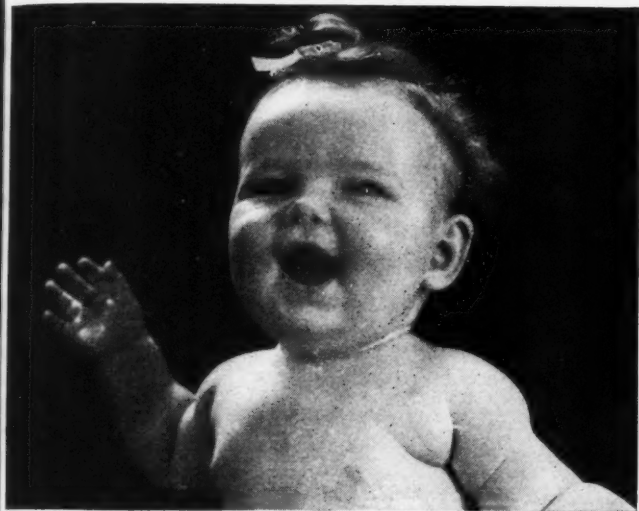


Knee-Action.

Beside pivoting, even Pelton E & O wall type lighthouse also moves up or down. More light—where you need it! Portable model too. \$52.50 up.

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BABY WEEK—now a national institution, focuses public attention on the improvement made in the care and feeding of infants and the leading part the medical profession has played in accomplishing this. Credit also goes to Gerber's Baby Foods—a company which has constantly fostered the entire movement.



To give great public prom-
inence to Baby Week,
Gerber's has selected
LOOK, The Family Picture
Magazine to carry a full
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color during that period.



LOOK

The FAMILY PICTURE MAGAZINE

Teaches Health

to its Readers.... All Year Round

A study of 26 issues of LOOK shows that many of its pages are devoted to improving the health of its millions of readers and their children as well. Issue follows issue with dramatic, unforgettable pictures featuring health protection and improvement—good habits—proper diet—correct exercise—the right type of play. For instance, Baby Sandy is taken to the doctor. We see him say, "Ah." Another issue shows the trained nurse completing her course in Pediatrics. Another shows children being induced to eat the right vegetables.

LOOK'S picture pages also interpret the happenings at home and abroad, in war, politics, sports, fashions, the stage and screen.

Your patients will be grateful for the up-to-date vividness of LOOK to fill their waiting minutes.

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lief. They decided to sell because their equipment was already old, or to avoid storage costs, or to end installment payments on partially owned apparatus. Their customers were surgical dealers, hospitals, or colleagues.

One renting arrangement requires payment of a \$10 monthly fee for the use of all equipment and furniture. The fee is collected for the owner by his lawyer, who drew up the rent contract. The money is used to finish out time payments on expensive pieces. If the owner does not return in three years, the renter has the option of buying the whole works.

BREAKING THE LEASE

Did you keep your office or give it up? Have trouble breaking the lease?

Rented offices and home-offices were usually given up outright. Some physicians were able to sub-let their offices to colleagues or others. Landlords were inclined to be helpful rather than difficult about breaking leases. Doctors with long-established or prized office locations frequently made efforts to sub-let the premises.

The others "just cleaned out and turned in the key."

Landlords not only granted releases on rented quarters; they even returned payments that had been made in advance. Several doctors were told that they probably could be held to their leases, but that the case "wouldn't look good in court." In the two or three instances where landlords "got tough," the doctors quietly got their things together and moved out. No action has ever been taken against them, but they advise other doctors to have a military-service clause inserted when renewing leases.

COLLECTING BACK BILLS

Have you been able to collect the accounts outstanding at the time you entered service? What methods did you use?

In the weeks prior to and just after entering service, collections tended to come in at a better-than-average rate. Subsequent follow-ups have been only partially successful. Doctors who skillfully reminded patients of their call to the colors at or near the billing time reported a de-

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AMPLE SUPPLIES AVAILABLE

Iron cacodylate 0.01 (1/4 gr.)
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HONOR GUARD



AS one leading clinician writes of prescription medicine—"the patient may judge both doctor and medicine by the looks and taste of the first dose. That first dose may be the last!"

Elixir Peptenzyme helps to guard the honor, esteem and respect in which the physician is held—by protecting the patient from the repulsive odor, bitterness, sourness or astringency characteristic of so many necessary medicaments.

This ideal menstruum meets every essential requirement of solvency, reaction, odor, taste, clarity and color. It is compatible with practically all pharmacopoeial drugs.

Its blandness and palatability impart a pharmacologic elegance to the prescription, typical usually of only the finest proprietary remedies.

Give your prescriptions an "honor guard." Let them read:

"Elixir Peptenzyme, q. s. ad"

REED & CARNICK • JERSEY CITY, N. J.

LIBERAL SAMPLES
ON REQUEST . . .

ELIXIR PEPTENZYME

The Ideal Menstruum

cided jump in collections. Men who made a drive on collections *before* entering service invariably had better results to show than those who let the problem slide.

A fair percentage of accounts unsettled at the time of departure were subsequently collected by such methods as these:

1. Retaining a secretary to send out follow-ups. Often a share in the collections was offered as an incentive.
2. Having a member of the family continue billings.
3. Using either (1) or (2) above, but turning over the harder cases to an individual collector or agency.
4. Getting the substitute to col-

lect, or selling all accounts to him at a discount.

Luckiest was the Beaumont (Texas) physician who replied "I always ran my practice on a cash basis."

YOUR HOSPITAL POST

If you held a hospital, teaching, or industrial position, would you be able to get assurance that you would be restored to your position upon your return?

With very few exceptions, hospitals and industrial firms promised to restore staff positions and to protect seniority and other privileges. Some teaching jobs were not so well protected. A number of doctors who entered service before Pearl Harbor, however, seems, got leaves of absence for

"Why settle for 75¢ when you can have \$1.00?"



Compare different floor materials and you'll find Nairn linoleum alone meets all four "musts" of the modern floor:

1. EYE APPEAL — Unequalled beauty and wide variety of Color Correlated patterns.

2. LONGER WEAR — Nairn linoleums exceed all Government specifications

3. RESILIENCE — "Foot-easy" — sound absorbing. A minimum of marring after indentation.

4. CLEANLINESS AND EASY MAINTENANCE — No dirt-catching cracks and joints. Lowest maintenance costs. Positive germicidal properties.

Why be satisfied with a floor that gives you only two or three of these advantages? Get 100% for every dollar with Nairn linoleum.

EXTRA VALUE IN NAIRN WALL LINOLEUM, TOO. Lasts as long as the building. Won't fade, crack or stain. Amazing variety of patterns and colors. Nairn linoleums are fully guaranteed when installed according to specifications.

Nairn Linoleum — the floor that gives you "all 4"



This modern operating room in St. Mary's Hospital, Inc. Missouri, has both floor and walls of stainproof, just Nairn linoleum. Notice the "coved" treatment where floor and walls meet. Eliminates dust- and germ-catching corners.

CONGOLEUM-NAIRN INC.

KEARNY, N.J.

NAIRN LINOLEUM

FLOORS AND WALLS



—AND TO HASTEN YOUR CONVALESCENCE"

ENDO GLOBIN

WITH VITAMIN B₁

A useful and palatable reconstructive and hematinic tonic of proven value in asthenia, anorexia, "run down" conditions and particularly in the recuperative stages of serious infectious disease or major operative procedure. Excellent for children. Contains no sugar or alcohol.

ENDO GLOBIN is composed of beef blood, iron (as iron peptonate), liver concentrate, glycerophosphate and crystalline vitamin B₁ (Thiamin Hydrochloride, 3 mgs. to the ounce).

Supplied in 8 and 16 oz. bottles.

Information on request



ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK

only one year. They don't know whether this leave will be extended.

Physicians who took the trouble were almost always able to get *written* promises from hospitals. Many others who received verbal guarantees now wish they had made that extra effort. Such added assurances may not always be necessary, but they help to minimize one more of the many uncertainties about post-war readjustment.

MEDICAL SOCIETY AID

Did your local medical society help you collect bills, dispose of your practice, or otherwise act to protect your interests while you are in service?

Medical society assistance was negligible, with a few exceptions. In many cases, societies made no effort to lower or suspend dues of men entering service. Not one of the many doctors interviewed by MEDICAL ECONOMICS claims knowledge of an adequate practice-protection plan operated by a county or State society. While a number of county societies have made serious efforts in this direction, it is clear that the average physician can expect little help from organized medicine.

County societies which *do* have plans usually limit their efforts

to: (1) collecting, for a percentage, a doctor's outstanding accounts; (2) getting hospitals to agree to restore training and staff positions; and (3) passing resolutions enjoining members to keep in mind the eventual obligation to "give back" the departing doctor's patients upon his return from service.

The remark of a physician serving as a lieutenant colonel aptly expresses the feeling voiced by several of his fellow officers: "My county society didn't lift a finger. I've often wondered what good it is."


KEEPING IN TOUCH

Do you try to keep in touch with your patients while you are in service?

A few men tried corresponding with patients, or calling on them during furloughs. All of them gave it up. Almost invariably they were asked for medical advice. Had they given it, they would have incurred the natural resentment of their substitutes. So they replied in this vein: "I really couldn't give you adequate advice without examining your person. I'm sure you'd be much better off to stop in and see me. So-and-So."

Correspondence with patients was ruled out on two other

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TO MEET
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All are true mercury-gravity instruments
... all are scientifically accurate

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ORIGINATORS AND MAKERS OF BLOODPRESSURE APPARATUS EXCERPT
— SINCE 1916 —



FROM WHATEVER ANGLE YOU LOOK AT IT

Looking at Alka-Zane from every viewpoint of clinical application, one can readily see how well it fills the role of a well-balanced systemic alkalizer.

Sodium, potassium, calcium, and magnesium in Alka-Zane are supplied in the readily assimilable form of citrates, carbonates, and phosphates. And it is worth noting that one dose of Alka-Zane affords as much basic calcium as do 12 grains of calcium lactate or 18 grains of calcium gluconate.

Alka-Zane makes a zestful and refreshing drink. Its pleasing taste is especially appreciated when palatability counts most, as in the "morning sickness" of pregnancy. Why not observe the usefulness of Alka-Zane in this, as well as other conditions requiring an alkalizer, by giving it a trial? We shall gladly send a supply if you will write a request on your letterhead, addressing it to the Department of Professional Service. Alka-Zane is available in bottles of 1½, 4 and 8 ounces.

ALKA-ZANE

WILLIAM R. WARNER & COMPANY, INC. • 113 West 18th Street, New York City

counts. (1) "If you start, it's hard to stop without offending the parties of the second part. And, according to the army's movements, you may be forced to stop." (2) "I couldn't any more keep up with such a correspondence than I can with my medical reading."

One exception to the rule is fairly common. That is the expedient of sending Christmas cards.

Furlough time is regarded as much too precious to use calling on patients, unless they are also personal friends.

One doctor hit upon what appears to be the perfect device for keeping his name before his patients. He writes regularly to his closest friend. Just as regularly, brief news items about the doctor's military activities appear in the local paper.

FAMILY MAINTENANCE

Did your family accompany you to your assigned station? Advice to others?

Four out of five married officers have tried bringing their wives and children to live with them while on duty. But only

about three out of five have stuck to this arrangement permanently in the face of poor living conditions and exorbitant rents in army-camp areas, and the unpredictable changes in their military assignments.

The larger a man's family, less likely he is to bring it along to his military station—particularly if he owns his own home. Children complicate the problem of finding suitable living quarters at a reasonable price. Schooling conditions near many army camps are frequently unsatisfactory. Several men have their families join them only during children's school vacations.

There is considerable testimony in favor of renting furnished rather than unfurnished quarters, to avoid the headache and confusion of frequent moving. While the army pays for transporting furniture from one permanent station to another, it can't prevent it from getting knocked around a good deal. In any event, a minimum of furnishings should be taken to camp.

[Turn the page]

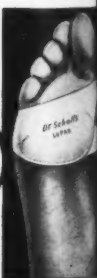
NEW FOOT RELIEF

WHERE 7 IN 10 NEED IT—AT BALL OF THE FOOT

Dr. Scholl's LUPAD



It is a dainty, feather-weight elastic cushion that slips over fore part of foot. Fitted with an adjustable pad of soft Latex Foam which pillows and supports the Metatarsal Arch, relieving pains, cramps, callosities, burning sensations at the ball of the foot. Dr. Scholl's LuPAD is especially recommended for women who wear high heel shoes. Relieves shock and pressure on sensitive spot. Weighs but a fraction of an ounce. Sizes for men and women. \$1.00 pair at Drug, Shoe and Department Stores. THE SCHOLL MFG. CO., Inc., Chicago, Ill.



suffered eczema an entire year—
MAZON brought
satisfactory relief
 in 10 days!



First pictures, made February 2, 1942. Patient had eczema for past year on both feet extending above the ankles and on both arms between wrists and elbows.

Second pictures, taken February 13, 1942, after only ten days' treatment with MAZON. The condition has satisfactorily cleared up.

Here is dramatic evidence of the unusually rapid action of MAZON in the treatment of skin conditions.

The patient in this case study had used many skin preparations through an entire year of eczema suffering, without obtaining noticeable results. Yet, incredible as it may seem, 10 days after treatment with MAZON, the condition had cleared.

We couldn't offer you more per-

suasive reason than an example like this, for trying MAZON in your own practice, wherever it is indicated. Perhaps you have several cases right now which MAZON can help. We will gladly send you test samples without cost.

MAZON is indicated for the relief of externally caused Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

ELMONT LABORATORIES CO., 4430 Chestnut St., Philadelphia, Pa.

Physicians about to enter service are strongly advised to find out about living conditions at their assigned stations before bringing the family along. First inquiries might be made by writing to a friend who lives at or near the army camp in question, or to a county society official whose address can be obtained from the American Medical Directory. But there's no real substitute for getting to camp early and picking out the place yourself.

INSURANCE PAYMENTS

Have you been able to keep up payments on obligations incurred in civil life, such as insurance, mortgages, office equipment, etc.?

By and large, physician-officers have had no trouble meeting insurance premiums and other payments out of their army pay. (Every medical officer receives pay and allowances of \$2,696 or more annually.)

Cost of uniforms and other initial expenses sometimes made it hard to keep up premiums during the first few months in service. One man took a big loss

when he found he could not continue installments on a large order of equipment. Another dropped a \$30,000 retirement-income insurance policy. But most physicians who thought they would have trouble keeping up on premiums found that lowered army living expenses gave them the necessary savings to meet all such costs.

Many officers follow the plan of having insurance premiums deducted from their monthly pay check and sent directly to the companies by the finance officer at their army station. Similar arrangements are made by men who have bought National Service Life Insurance, or who wish to send specific amounts of money home to other members of the family each month.

BUYING UNIFORMS

Did you go to needless expense in buying uniforms and related equipment? How can this be avoided by other doctors?

Half the physicians reported that they had gone to unnecessary expense in purchasing uniforms. About \$200 was given

QUICK REVIEW OF SCALP HISTOLOGY, PHYSIOLOGY and PATHOLOGY

This useful textbook calls your attention to the relation of hair and scalp conditions to general diseases... diagnosis and treatment of scalp and hair conditions... use and application of the Parker Herbex method. If you do not have a copy, you can receive one free and postpaid by writing to PARKER HERBEX CORP., 607 Fifth Avenue, New York, N.Y. (Dept. ME)

Cloth-bound book. 117 pages. Published for the sole use of the Medical Profession. Sent free by request only.



In SURGICAL and other INFECTIONS

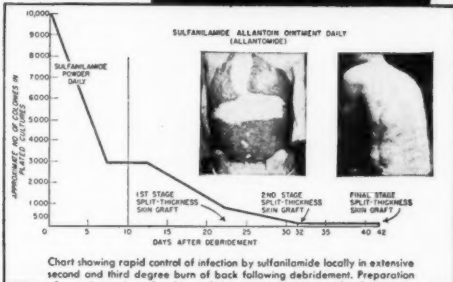
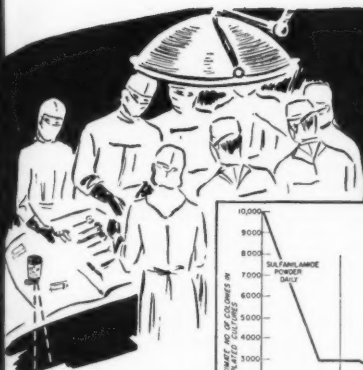


Chart showing rapid control of infection by sulfanilamide locally in extensive second and third degree burn of back following debridement. Preparation of granulation tissue for skin graft by topical application of sulfanilamide-allantoin ointment. Note size of graft used and the healthy appearance of granulation tissue. Case illustration courtesy American Journal of Surgery.

ALLANTOMIDE

(U. S. Patent No. 2,121,291)

**Allantoin 2% with
Sulfanilamide 10%
in a Greaseless Base**

• To combat infection

• To stimulate healing



**THE SUCCESSFUL USE OF ALLANTOMIDE IN THE
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Extensive body burns

Infected burns
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Superficial ulcers
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Vaginal secretion due to bacterial infection
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Literature Write to The National Drug Company, 4663 Stenton Ave., Philadelphia, Pa.

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CLINICAL ADVANTAGES OF

INJECTING Sodium Nitrite IN HYPERTENSION



WHEN you introduce Nitroscleran directly into the bloodstream, you obtain:

- (1) Almost immediate effect—easing of tension, heart strain; relief of vertigo, headache, dyspnea.
- (2) An unusually marked and prolonged blood pressure reduction; due probably to the complete utilization of the injected drug.
- (3) More efficient control of the patient, enabling you to regulate dosage according to clinical progress.

Nitroscleran is a sodium nitrite compound in saline solution. It is the only stabilized solution of this drug, as far as we know, produced for injection. It is widely employed in many ocular diseases. Write for special literature.

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Please send me sufficient ampuls of Nitroscleran for clinical trial.

Dr.

Address

City State

the minimum cost of uniform essentials.

Best way to buy uniforms is to get to camp early and purchase them from the post exchange or quartermaster. Second best is to write the camp commanding officer for a list of minimum uniform requirements; then buy only enough to enable you to report in uniform, leaving the complete wardrobe until you can buy it from the quartermaster.

Dissatisfaction was frequently reported by men who had bought from new military supply stores which have popped up overnight in many cities. Old-established supply houses seldom gave trouble if the physician stuck to minimum needs. Prices charged by civilian firms were invariably higher than those set by post exchanges and quartermasters.

[As this issue of MEDICAL ECONOMICS went to press, Congress had just completed favorable action on a bill authorizing payment of a \$150 clothing and equipment allowance to new officers below the grade of major.]

PRACTICAL ADVICE

What practical suggestion would you make to other doctors about to enter the service?

In addition to the suggestion contained in the foregoing material, the following points were mentioned:

Put all your accounts and titles in joint ownership, or give your wife a power of attorney, so that your affairs will not be tied up during protracted absences or the event you do not return.

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Start now to look for a capable substitute, and arrange to introduce him personally to as many patients as possible before you leave.

Don't expect too much of any substitute. His methods will be different; not all patients will stick by him. Make the best arrangements you can—then forget about them and concentrate on your army duties.

Try to make a clean break. Sacrifices may be necessary, but you'll be happier if you offer your services with no strings attached.

—PATRICK O'SHEEL

Service Insurance

(Continued from page 69)

All administrative expenses plus the additional mortality caused by military service.

The history of the United States Government Life Insurance after the last war was one of increasing liberalization and repeated extensions of the time available for its renewal and conversion. After the present war, this will probably be true of National Service Life Insurance. In the meantime, if you become a medical officer and can pass the medical examination required, the latter insurance represents an excellent means of protecting your dependents at low cost.

For further information about National Service Life Insurance, write the Veterans' Administration, Washington, D.C.

—BION H. FRANCIS

For Maximum Hematopoiesis

*All the benefits of iron . . . with
All the benefits of manganese*

—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin.

GUDE'S PEPTO-MANGAN

is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in anemias of all types, during convalescence, after operations or prolonged fevers, for undernourished children or elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams peptonate of manganese. Alcohol 16%.

Samples on Request



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Chiropractic

[Continued from page 62]

make a living at all is attributable to their thorough grounding in business methods. Chiropractic schools not only teach "the idea," as one D. C. puts it, but also "how to sell it." When it comes to selling what they have learned, graduates are not of course restricted by medicine's code of ethics.

In their relations with each other chiropractors sometimes evidence startling disbelief in their own dogma. At one convention, for instance, B. J. Palmer chided his colleagues for their lack of faith. "The trouble with you fellows," he told them, "is that you

expect your patients to believe something you don't believe. Your patients know you're lying."

Under such circumstances criticism of fellow-practitioners might easily be more widespread than it is. To keep it under semblance of control, speaking one's mind has been made a mortal chiropractic sin. To avoid any suspicion of it, the more orthodox members of the cult sign letters to one another, "Chiropractically yours." Perhaps the most serious aberration, however, occurs when a sick chiropractor sneaks off to an M.D. for treatment. The cultist who makes the slip is almost never forgiven. He is henceforth a Judas among the disciples.

[Turn the page]



Did You Say—
"Razor-sharp Points?"

Yes, I said—

"Razor-Sharp Points"

And that's why I want VIM—the needle with the razor-sharp point that stays sharp. A dull-pointed needle punches a hole in tissue and veins—a VIM needle gently pierces. It keeps its razor-sharpness because it's made from real stainless *cutlery* steel—Firth-Brearley. You want sharpness in razors, knives and needles; that means *cutlery* steel for all three.



Put VIM on your next needle order. Its point is sharp; and VIM points stay sharp.

Made from Firth-Brearley Cutlery Steel
"The 'Sterling' of Stainless Steels"

MacGREGOR INSTRUMENT CO., Needham, Mass., U. S. A.



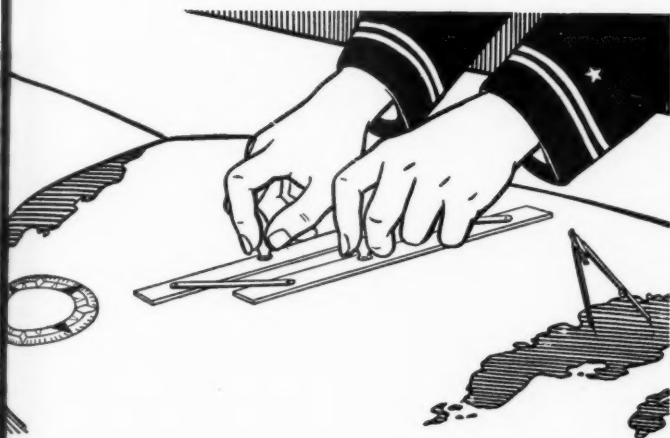
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CHARTING A SMOOTH COURSE

To chart a "smooth course" in obstetrics as well as in various surgical procedures, there is need for a safe, efficient sedative.

Butisol Sodium—"the 8-Hour Sedative"—provides safe sedation and hypnosis approximately one-half hour after administration, and terminates in about eight hours, unaccompanied by hangover.

BUTISOL SODIUM

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approximately 50% more active therapeutically than phenobarbital and about 30% less toxic. The small dosage and high degree of safety are particularly important where administration must be continued over long periods.

One of the outstanding uses of Butisol Sodium has been in labor, where its sedative, hypnotic, antispasmodic effects are a great aid to the obstetrician.

Other indications for Butisol Sodium include vomiting of pregnancy, insomnia, pre-operative sedation in minor surgery, pre-anesthetic routine, post-operative pain and dysmenorrhea.

CAPSULES BUTISOL SODIUM 1½ GR.

Also available in tablet form— $\frac{1}{8}$, $\frac{1}{4}$ and $\frac{3}{4}$ gr.
Supplied in bottles of 100, 500 and 1000.

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Incorporated
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Despite these safeguards, mutual distrust among chiropractors is strong. Only about one-third are believed to belong to any of the cult's various associations. Many refuse to have anything to do with organized chiropractic. This attitude is encouraged by some schools which desire alumni to look to them for guidance rather than to any "outside organization."

As a result, organized chiropractic is a shaky structure. There are those who consider this an advantage. Says one leader: "The profession is poorly organized. But I think it's a good thing. Chiropractors have less time to meddle in politics and can stick to their profession."

The first national organization in the field was the Universal Chiropractors Association, founded by the Palmers in 1906. Its main function was to supply legal aid in malpractice suits, which there have long been a great number. It did fairly well until 1925, when its members began to wonder what its officials were doing with their funds. They demanded an investigation. This combined with the neurocalomel fiasco (see February MEDICAL ECONOMICS), was sufficient to wreck the association. In 1930 what was left of its membership joined the National Chiropractic Association.

Another pioneer was the American Chiropractic Association. It

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Embo is finding favor with an increasing number of physicians as a concentrated natural source of Vitamin B Complex factors and other valuable nutri-



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ents. Patients like it too — its pleasing flavor helps keep prescriptions followed. We'd like to send you a sample and literature, if you'll fill out and send the coupon below, please.

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Back on duty..
days ahead!

TURNING "lost" hours into working hours is a valuable service that Castex Rigid Bandage renders daily —by helping more and more patients back to normal activity days ahead.

Typical is a recent case history of a telephone operator whose arm had to be put in a cast. In plaster the weight of the cast was so tiring it prevented her early return to work. But when a cast of lightweight Castex was applied, she was able to resume her job at once. Vital hours were thus salvaged

for the tremendous task of handling the 85,000,000 telephone calls America now makes daily.

Whatever the occupation of the patient—a strong, lightweight, waterproof Castex cast provides real assistance to early resumption of normal activities. Now when every working hour is sorely needed, application of an easily cleaned cast made with Castex Rigid Bandage is more than ever appreciated by your patients and their employers.

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Curity

competed with the U.C.A. until it, too, suffered a decline. Finally its membership also merged with the N.C.A.

The National Chiropractic Association, with headquarters in Webster City, Iowa, is undoubtedly the largest and most influential chiropractic body today. Its functions are to protect members who run afoul of the law and to aid the passage of legislation helpful to the cult. Membership costs \$40 a year. The cost of belonging to a component State chiropractic association varies widely, being naturally highest in States which bar practice of the cult yet where many chiropractors nevertheless treat patients. A principal activity of the local associations in such States is to post bail and provide counsel for its errant members.

The N.C.A. itself sells two kinds of legal-aid memberships: (1) for licensed chiropractors; and (2) for those who are not licensed. Both entitle the member to defense by the N.C.A.'s legal staff if he is arrested or sued. If the court imposes fines or judgments,

these are also said to be paid by the organization.

In recent years the N.C.A. has had a rival in the Chiropractic Health Bureau. This Palmer enterprise offers insurance against malpractice judgments, counsel fees, and court costs. The cost is supposed to be \$10 a year, but the bureau's regulations stipulate that members may be taxed any time its heads decide they need money. This has happened so often that annual levies on each member are reported to be about \$60.

Chiropractic chieftains are not unaware of the dissension in the ranks. To bring order out of the prevailing chaos, they have created the International Chiropractic Congress. Its aim is to coordinate efforts and iron out differences among the various factions. It is composed of examining-board members, State-society officers, and chiropractic-school heads.

The congress presumes authority over medical as well as chiropractic matters. Among its admitted objects are: to "resist" the

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Look around your office, now. Don't you see some old piece that ought to be replaced? This Castle "55" will just fit.

And in your work we *know* it will have its place because of its safety "Full-Automatic" Control, CAST-IRON BRONZE Boiler, acid-proof china top, glass door and shelves, and silent foot lift. Write

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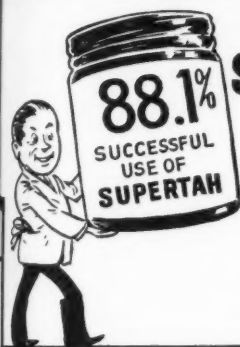
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**88.1% "GOOD RESULTS" Reported by
Doctors Using
SUPERTAH OINTMENT
in Eczema Therapy**



**7.6% NOT
GOOD RESULTS**



**4.3% DID
NOT REPORT**



In a recent survey of 9,672 physicians chosen proportionate to population throughout the country, 70.7% of those responding reported using SUPERTAH Ointment (Nason's) in eczema therapy.

It is significant that 88.1% of that number reported securing "good results" from their use of SUPERTAH! — the new white, non-staining ointment prepared from a crude coal tar concentrate and uniformly milled in 5% and 10% strengths. 4.3% did not respond either way, 7.6% reported not having secured good results.

*These reports of physicians vigorously confirm the clinical findings of the dermatologist, J. H. Swartz, M.D., and his co-worker, M. G. Reilly, R.N., who say of SUPERTAH Ointment: "It has proven as valuable as the black coal tar preparation and the advantage of the diminution of the black color is perfectly obvious. It does not stain the skin or clothing, nor does it burn or irritate the skin."**

SUPERTAH Ointment (Nason's) is packaged in original 2 oz. jars, either 5% or 10% strengths, and ethically distributed through leading prescription druggists.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66

TAILBY-NASON COMPANY · Kendall Square Station · Boston, Mass.

medical profession; to sway the public toward chiropractic and away from medicine; to secure legislation favoring chiropractors; to obtain reciprocity of State licensure for chiropractors; and to establish separate chiropractic hospitals as well as to open medical hospitals to chiropractors. It has agents at work in more than thirty States.

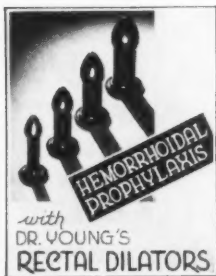
The ambitions of chiropractic leaders do not stop with organizing the cult. They aim to line up patients as well. For this purpose, the American Bureau of Chiropractic was set up in 1925. Conceived by William H. Werner, it has grown until it claims over 145 branches. Each branch has from a dozen to several hundred patient-members.

The fundamental tenet of the A.B.C. is that people like to talk about their illnesses. The bureau gives them an opportunity. Meetings are held in which patients swap stories about their "cures." For those who can't or won't "confess" in public, a phonograph recorder is provided. When the records are played before large au-

diences, the effect is music to chiropractors' ears. One such gathering, in Brooklyn, N.Y., attracted 7,000 persons.

Public favor is also won through printed testimonials. If a chiropractor can't find a patient to vouch for him publicly, he contacts the Palmer organization at Davenport, Iowa. The Palmers sell copies of testimonials, ready for publication in anyone's local press. Once they went so far as to distribute an alleged endorsement of chiropractic by Dr. Charles H. Mayo. He quoted him as saying that "the drugless healer is one of the best things that has come into the world of the present." Dr. Mayo branded the statement as a "pure fabrication"; but by that time it had appeared in a number of newspapers.

Less serious was the testimonial actually published in The Chicago Tribune, reading: "Before taking chiropractic and electrical treatments, I was so nervous that nobody could sleep with me. After six treatments anybody can sleep with me!" [Turn the page]



SOLD ON PHYSICIAN PRESCRIPTION ONLY

Before tightened sphincter muscles induce treatment—(resistant constipation) mechanical therapy with these bakelite dilators may alleviate troublesome symptoms and eradicate the danger of hemorrhoids and other distressing sequelae. Restoration of normal circulation, proper elimination and normal bowel tone by repeated prophylaxis may circumvent these conditions.

Dr. Young's Rectal Dilators are a series of four bakelite dilators introduced in series into the rectal opening as it gradually expands, thus relaxing tightened sphincter muscles that may not have responded to drug therapy.

Price \$3.75 for set of four as pictured. Obtain of your pharmacy or surgical supply dealer. Descriptive brochure sent on request. Not advertised to the laity.

F. E. YOUNG & CO., 410 E. 75th ST., CHICAGO, ILL.



CHILDREN LOVE to get their iron from delicious Brer Rabbit Molasses—especially in an appetizing molasses milk shake.



THERE IS EXTRA IRON for children in every piece of molasses gingerbread.



SPREAD ON BREAD, Brer Rabbit Molasses is a healthful substitute for mineral-deficient sweets.

WHERE IRON IS NEEDED—

Here's a Delicious Food that Supplements IRON INTAKE

Brer Rabbit New Orleans Molasses is rich in iron—over 80% AVAILABLE.

Patients who need iron will welcome this news: Delicious Brer Rabbit Molasses is one of the richest food sources of this essential mineral. This appetizing food can be used in a variety of ways... on bread and cereal as a substitute for mineral-deficient sweets, in milk, gingerbread and molasses cookies. Brer Rabbit Molasses is inexpensive—and none of the available iron is lost in cooking.

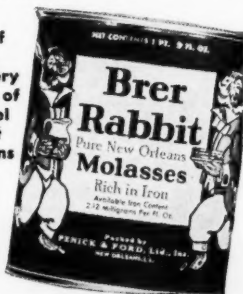
The highly available character of its rich iron content, reported in recent chemical and biological research¹, ranks Brer Rabbit New Orleans Molasses second only to beef liver among iron-supplying foods. (See comparison table below.)

Three tablespoons of Green Label Brer Rabbit Molasses, added daily to the diet, supply more than 3 mg. of *available* iron. Or the amount may be increased at the direction of the physician. Penick & Ford, Ltd., New Orleans, La.

TABLE ¹	Total iron mg/100 gm	Per cent avail. ability	Available iron mg/100 gm
Molasses "A"*	3.2	97	3.1
Molasses "B"*	6.0	85	5.1
Beef Liver	8.2	70	5.7
Oatmeal	4.8	96	4.6
Apricots (dry)	4.1	98	4.0
Eggs	3.1	100	3.1
Wheat	5.0	47	2.4
Raisins (Muscat)	3.0	62	1.9
Parsley	3.2	50	1.6
Beef Muscle	3.0	50	1.5
Oysters	5.8	22	1.3
Cabbage	1.8	72	1.3
Mutton	5.1	24	1.2
Lettuce	1.5	63	0.9
Spinach	2.6	20	0.5

*Brer Rabbit Molasses—Gold Label (light, mild flavored)
*Brer Rabbit Molasses—Green Label (dark, full flavored)
Am. J. Dig. Dis. Vol. VI No. 7 (Sept.) pp. 459-62, 1939.

A full mg. of
AVAILABLE
IRON in every
tablespoon of
Green Label
Brer Rabbit
New Orleans
Molasses



Many chiropractors advertise in classified telephone directories. Some include pictures of themselves plus notations that they are Palmer graduates or that their offices are equipped with neurocalometers or X-ray machines. A typical statement: "Have your posture analyzed without cost or obligation. Muscles set and nerves adjusted."

Chiropractors also seek to impress laymen by affecting an ultra professional appearance. The Palmers' facial foliage has many imitators. The less dull-witted in the profession, however, realize that such eccentricities mark them as quacks. A leading student of chiropractic economics J. R. Drain—singles out two types of

chiropractors for disapprobation: those who wear long hair and those who affect long-tailed coats. Just because B. J. Palmer does not choose to shave, he points out, is no excuse for the rank-and-file to let themselves go. And as for those who "array themselves like Dunkards," he says they are a "hindrance to the cause."

Whether whiskered or bare, some chiropractors can still be recognized by the distinguishing devices they employ. One is the "meal-ticket" system. Under this chiropractic patients are offered a bargain rate if they pay in advance for a series of treatments. They are given a ticket which is punched at each visit. Among

Winter weather brings with it another period of throat affections. Many physicians have found Thantis Lozenges, H. W. & D., to be effective in relieving throat soreness and irritation. They are antiseptic and anesthetic for the mucous membranes of the throat and mouth. Thantis Lozenges contain two active ingredients—Merodicein, H. W. & D., 1/8 grain, and Saligenin, H. W. & D., 1 grain. They dissolve slowly, permitting prolonged medication; they are convenient and economical. Thantis Lozenges, H. W. & D., are supplied in vials of twelve lozenges each.

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

PENDRON

THE COMPLETE VITAMIN ARCH

PENDRON

TRADE MARK

Each PENDRON capsule furnishes the known essential Vitamins in amounts which are recognized by the medical profession and governmental agencies as the minimum daily requirement for optimum nutrition.

Each capsule of Pendron contains:

Vitamin A (Fish Liver Oil)	4,000 U.S.P. Units
Vitamin D (Activated Ergosterol-Whittier Process)	1,000 U.S.P. Units
Vitamin B ₁ (Thiamine Hydrochloride)	333 U.S.P. Units
Vitamin B ₂ (Riboflavin, Vitamin G)	800 S-B Units
Vitamin B ₆ (Pyridoxine Hydrochloride)	1 milligram
Vitamin C (Ascorbic Acid)	600 U.S.P. Units
Niacin Amide (Nicotinamide, Pellagra-Preventive Factor)	20 milligrams
Pantothenate Calcium (Filtrate Factor)	1 milligram

Available in bottles of 30 capsules

With PENDRON the physician can effectively prevent and treat the frank and sub-clinical multiple deficiencies known to affect a large percentage of our population.

Dose: Prophylactic—One capsule daily

Therapeutic—As directed by physician

PENDRON is made only in the distinctive two-color gelatin capsule. Potency and stability are guaranteed by rigid control methods of manufacture.

PENDRON is manufactured by the makers of ERTRON and BEZON.

Products of Nutrition Research Laboratories are promoted only through the medical profession.



NUTRITION RESEARCH LABORATORIES

4210 Peterson Avenue, Chicago, Illinois

the system's drawbacks is the obstacle it raises to speedy recovery.

Another is sometimes referred to as the "kimono racket." For modesty's sake, a woman patient is requested to bring a dressing gown to wear during adjustments. After the treatment, it is not returned but stored on the premises. The assumption is that the patient will have to return to the office—if for no other reason than to get the gown back.

A third device is the beautiful back contest, without which no chiropractic convention would be complete. After the selection of "Miss Chiropractic," her photo—preferably in a bathing suit—is sent to the newspapers. Needless to say, these pictures receive wide publicity.

Of all chiropractic activities, none is so serious to medicine as the adoption of methods hitherto employed only by physicians. This started in 1924 when a depression swept the profession. It convinced many chiropractors that spinal manipulation was no longer enough to satisfy their pa-

tients. Their offices were therefore soon glistening with such heretical equipment as X-ray machines, heat lamps, and sphygmomanometers. In short, they began to invade territory which old timers had respected as the physician's.

Today this movement has spread until it has split chiropractors into two groups. One—comprising the "mixers"—favoring engaging in any kind of therapy the law will allow. While spinal manipulation remains the stock-in-trade of this group, it has also taken up colonic irrigation, diathermy, X-ray, hydrotherapy, laboratory analysis, diet, massage, osteopathy, physiotherapy, and even drug-prescription.

The second group—comprising the "straights"—fears the effect on patients' faith if chiropractors suggest that anything beyond spinal adjustment is needed. Members of this group have another objection: "Medical equipment requires a heavy investment. We can make bigger profits with the smaller overhead of an office that contains little beyond an adjust-

Amend's
SOLUTION

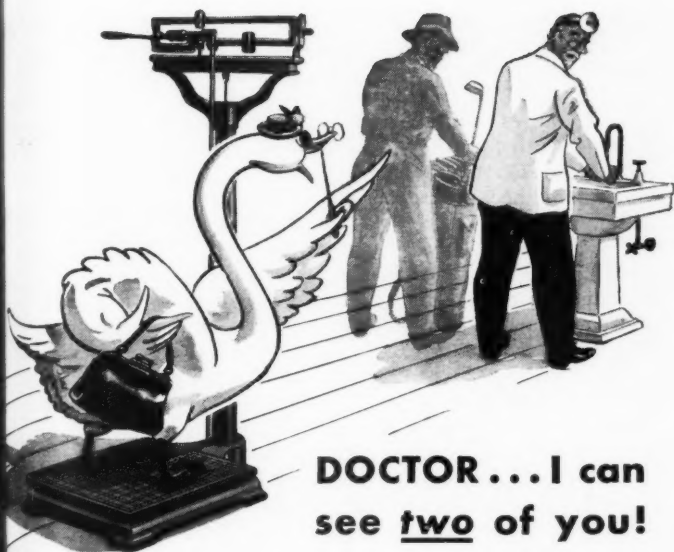
INSURANCE
AGAINST THE
DANGERS OF
IODISM

The organic nature of its contained iodine largely accounts for the established lower toxicity of Amend's Solution whenever iodine is required.

Well tolerated even by the patient who has developed symptoms of iodism from other forms of the drug.

Thos. Leeming & Co. Inc.

101 West 31st Street, New York



DOCTOR... I can see two of you!

SHIMS TO US that a Doctor is really two people. So in telling you about Swan, maybe we ought to do it two ways.

Addressing you as a member of the medical profession, we'd like to state that Swan is a new white floating soap of indisputable purity, milder than finest imported castiles, containing no harmful alkalis, free fatty acids, coloring matter, or strong perfumes.

But we don't want to stop there

We'd like to talk to you as a fellow who gets good and sweaty in a golf game—who likes to soak in a hot tub

after a long, cold drive—who might even get caught washing a dish or two when his wife is away. And talking thus, we'd say:

"Swan is a swell new floating soap. It's got old-fashioned floaters licked



8 ways. It suds twice as fast—gives richer, thicker lather, even in hard water. It smells fresher, cleaner—it's firmer, smoother—it's more real soap for the money.

Try Swan—for professional and personal use.



SWAN PURE, WHITE FLOATING SOAP

MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.

ment table, rest-cots, and chairs."

Off the record, school deans deplore the drift toward these new "modalities." They would prefer to keep courses as simple as possible. Nevertheless, they are being forced to streamline their curricula to meet the current demand.

The Lincoln School was so troubled over this question that it sounded out the feelings of 1,800 chiropractors. It discovered that 1,538 wanted "mixing," as compared with 345 who opposed it. Of the 1,800, moreover, 1,773 confessed that they took case histories; 1,608 admitted that they looked for other than spinal symptoms; 1,581 examined the heart; 1,449 took blood-pressure; 1,462 used clinical thermometers; 1,465 analyzed urine; 1,656 advised on diet; 1,647 prescribed exercise; and 1,563 gave the patient a spinal adjustment no matter what.

The direction of the present trend is further indicated by the growing body of chiropractors who title themselves "drugless physicians." As time goes on, it appears, chiropractors will adopt more and more of medicine's outward forms—without the scientific core that gives them value. The eventual result cannot fail

to harm both physicians and patients. Some observers even see the approach of a day when a host of poorly-qualified men will become fused into the general body of medical practitioners."

Emergency Medical Defense

[Continued from page 45]

gencies, dentists have been put in charge of first-aid posts. (Dentists were given this responsibility because they have had some professional training, and know how to administer narcotics and control bleeding. In addition, physicians have given them instruction in treating wounds, burns, and shock.) The dentists have complete charge of their posts unless a doctor is summoned. Then the doctor makes the decisions. Two nurses and four first-aiders complete the staff at each post.

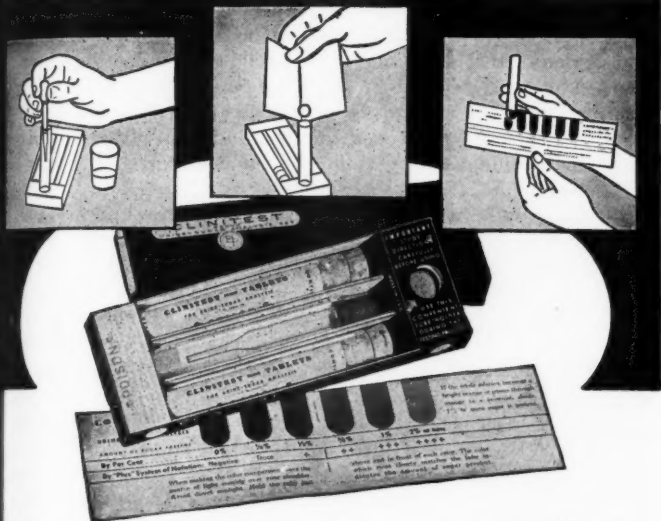
Each of the 33 local physicians has volunteered to serve at any hour of day or night. Other personnel includes 11 dentists, 8 nurses, 132 first-aiders, and 7 ambulance drivers.

MOBILE UNITS

Four commercial ambulances (with two in reserve), each manned by a doctor, nurse, and two first-aiders, serve as mobile

RESINOL

A physician's formula—of inestimable aid in treating eczema of infants. Quickly allays itching. Painless in application. Free from harsh, irritating drugs. Would you like a physician's sample? Write Resinol, ME-22, Baltimore, Md.



Urine-Sugar Analysis in One Minute **CLINITEST**

New Convenient **TABLET Method**

Reduced to a few words, the new CLINITEST Tablet method of testing for urine-sugar is as simple as this: Just drop a CLINITEST Tablet into a small amount of previously filtered urine, allow a few seconds for reaction and examine for color. No equipment for boiling is needed—tablets generate own heat.

CLINITEST is reliable—the Color

Scale retains the familiar progression of colors used in the qualitative Benedict's test, indicating the following amounts of sugar: 0%, 1/4%, 1/2%, 3/4%, 1% and 2% plus.

Complete CLINITEST Urine-Sugar Analysis Set (with tablets for 50 tests)—costs the patient only \$1.25. Tablet refill (for 75 tests)—\$1.25.

Write for full descriptive literature.

Available through your prescription pharmacy

FERVESCENT PRODUCTS, Inc., Elkhart, Indiana

units. These units are stationed at the district's three hospitals and at one of the larger first-aid posts. They will be sent out to establish field stations, to assist over-taxed first-aid posts, and to serve small communities with inadequate facilities.

In addition, thirty-six light trucks can be turned into auxiliary ambulances holding two stretcher cases each. Fourteen station wagons and cars can each carry four to six sitting casual-

Mirrors for Tots In aiming to amuse child patients and allay their fear of being hurt, many physicians have overlooked the simple expedient of a large mirror affixed to the wall of the examining room, perhaps right alongside the examining table. Youngsters find unending amusement in their own reflections, and a tendency to show off may in such cases be turned to good advantage by encouraging their self-confidence and reluctance to cry. In addition, of course, the mirror affords excellent views of the child from two directions.

ties. Two of these auxiliary ambulances, in charge of first-aid instructors, and one station wagon driven by first aiders, are attached to each hospital and first aid post. Use of the vehicles has been volunteered by their owners.

HOSPITALS

During an emergency in Monterey County, all hospitals are subject to orders from the chief of the emergency medical service. The hospitals in the Salinas district—two private and one county—have worked out plans to treat any likely flow of casualties from first-aid posts. Stocks of medical supplies have been increased; blackout preparations have been made; and surveys have been completed to show the maximum number of beds that can be put into emergency service. Reimbursement of hospitals for the use of their facilities has not yet been arranged.

If a major catastrophe occurs, bed capacity will probably be strained, perhaps making it necessary to "double up" in rooms and wards—if the beds there

ANDRON

**FOR PREVENTION
OF**

Venereal Disease

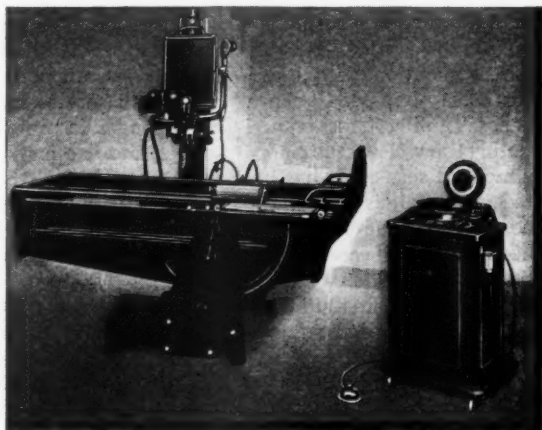
IMMEDIATELY AFTER EXPOSURE



Andron, the original chemical phylactic tube, kills venereal case germs immediately after exposure. It is highly germicidal, harmless to tissues, and easy to use. Recommended by doctors over 28 years. Send for free and educational booklets for distribution to your patients.

ANDRON
Div. Zonite Products Co.
Dept. 30, 370 Lexington
New York

THE UNIT THAT RAISED THE STANDARD
OF 100-MILLIAMPERE RADIOGRAPHY



The General Electric X-Ray way of creating a new diagnostic x-ray unit is to make one to produce finer radiographs than are being obtained with existing equipment in the same range.

This ideal—established with the co-operation of the roentgenological profession—inspires the engineers who design new G-E apparatus. And this same idea governs the jury charged with testing the unit radiographically as it advances from a crude handmade model to the finished product by a process of changing and testing until the jury is completely satisfied.

The process is costly but unique and part of the secret of the success of units like the Model R-39 Combination X-Ray Unit—the unit that raised the standard of 100-milliampere radiography.

Convincing evidence of the new standard is the experience of 358 Model R-39 users. More convincing still would be a radiographic test of your own. To arrange this, or to request a copy of the R-39 catalog, write Dept. B24.



GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD.

CHICAGO, ILL., U. S. A.

selves are procurable. Plans are under way to help gain needed space by sending convalescent and chronic patients to other places of shelter. Other expedients include schemes to set up cots in halls, to move patients to hotels, and to convert casualty stations into auxiliary hospitals.

COOPERATION

Close cooperation with other agencies has bypassed many headaches. The Red Cross is supplementing the work of the emergency medical service. It has instructed nurses' aides in hospital routine, made a survey of the supplies the medical service may need, trained first-aid workers, and prepared the first-aid kits carried by the wardens. Some

confusion exists as to the exact division of responsibilities between the Red Cross and the emergency medical service, but the question is being clarified.

The defense council instructs health department inspectors in problems of gas decontamination, and plans are being drawn up to establish special stations where gas injuries can be treated.

Military service has caused a few changes in professional personnel, and one first-aid post has been moved. But the basic organization remains unchanged. As more equipment is acquired and practice drills are run off, Monterey's emergency medical service begins to feel that it is ready for the real test.

SANMETTO *Soothes*



It is a valuable addition to the list of available drugs in the treatment of urogenital infections and dysfunctions.

Sanmetto encourages rapid healing in the treatment of pyelitis, cystitis, prostatitis and before or after surgical urogenital procedures.

Sanmetto is a preparation of Sandalwood, Saw Palmetto and Corn Silk. Alcohol 20.6%.

Dose: One to two drams every four hours, four times a day, is considered the optimum dose.

OD PEACOCK SULTAN CO. • Pharmaceutical Chemists • 4500 Parkview Place, St. Louis, Mo.

FOR RELIEF OF HEMORRHOIDAL PAIN

A NEW Suppository Combining...

NEW... Dual Anesthetic Action

NEW... Stimulation of Healing

NEW... Special Hydrophilic Base

A new measure of symptomatic relief for persons suffering from hemorrhoids and other painful ano-rectal conditions has been made possible by a new and unique development in suppository medication...

DIOTHOID

BRAND

Anesthetic and Antiseptic SUPPOSITORIES

BLENDED ANESTHETIC ACTION—For relief of pain, *two* anesthetic agents are employed... one *rapid* in action and transient in effect, the other *gradual* in action and *prolonged* in effect. Thus, Diathoid suppositories relieve pain quickly, yet provide comfort over a long period of time.

STIMULATION OF HEALING—Diathoid suppositories are first to employ cell-

regenerating action of urea to promote healing of local anal lesions.

SPECIAL HYDROPHILIC BASE—The Diathoid base, an exclusive Merrell development, causes the suppository to swell by absorbing moisture and conform to shape of lower rectum. Being miscible with mucous and serous secretions, Diathoid forms a soothing, antiseptic, healing, self-emulsified ointment that comes into more intimate contact with surrounding parts than is possible with cocoa butter suppositories. Disintegrates faster and remains in longer contact with tissues. No leakage or spreading into sigmoid.

OTHER ADVANTAGES—Other points of advantage found in Diathoid suppositories include their decongestive and antiseptic actions, freedom from narcotics, and correct design to facilitate insertion.

PACKAGE SIZE—Diathoid suppositories are available at prescription pharmacies in boxes of 12.

THE WM. S. MERRELL COMPANY

Founded 1828 • CINCINNATI, U. S. A.

Trade marks "Diathoid" and "Diothane" Reg. U. S. Pat. Off.

FORMULA

Piperidinopropanediol diphenylurethane	1.0%
(Diothane Brand)	
Amethyl para-aminobenzoate	1.0%
Urea	10.0%
Ephedrine hydrochloride	1/16 gr.
Oxyquinoline benzoate	1:1000

Is a special hydrophilic base containing sorbide mono-stearate.

THE WM. S. MERRELL COMPANY M.E.
Lockland Sta., Cincinnati, Ohio
Please send literature and samples of Diathoid suppositories.

Dr.

Address

City State



All-out efforts for a successful conclusion of hostilities demand the hands, brains and hearts of every American. Maintenance of maximum efficiency requires a healthy, well-nourished body. Our men in the armed forces are assured of nutritionally balanced meals, but, the folks at home also need proper nourishment so that they can do

their jobs . . . so important to the men in the field.

COCOMALT, daily, is an excellent "defense" addition to meals. More and more, physicians are recommending this delicious drink for the entire family. This enriched food drink contains vitamins A, B, and D as well as the minerals, calcium, phosphorus and iron.



A New Clinical Study has again shown the value of COCOMALT in therapeutic diets. Have you seen for your copy of "The Use of a Malted Food Preparation as a Dietary Supplement in Pulmonary Tuberculosis"?

Cocomalt *Enriched Food Drink*
R. B. DAVIS COMPANY • Hoboken, N. J.

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The Newsvane

Rehabilitation Cost

It costs approximately \$117 to rehabilitate the average draftee who has been deferred from military service for physical defects.

This figure was revealed in a recent cost study made by the American Red Cross, the medical and dental societies of the District of Columbia, and the Health Security Agency. The survey was conducted among 386 selectees who, because of physical defects, had been classified as unfit for unlimited military service. Expenditures taken into consideration in the survey included dental fees, hospital and surgical fees, and expenses incurred in camps for correcting weight deficiencies.

Vitamin A Restricted

Non-essential use of vitamin A has been banned by the War Production Board in an order which stresses the value of this vitamin in protecting the eyesight of army flyers. WPB officials explain that this action is not intended to restrict customary users but rather eliminate unnecessary use of the vitamin.

Now prohibited is the manu-

facture of multi-vitamin pills, liquids, capsules, or tablets in which the largest daily dose recommended contains over 5,000 vitamin A units. WPB's Health Supplies Branch says that more than this amount daily could not be absorbed by the average human body. Not covered by the restrictions are preparations in which the vitamin A potency is so large as to constitute a therapeutic dose for unusual deficiencies.

Navy Recognizes Allergy

Allergy has been officially recognized by the U.S. Navy as a specialty, the Surgeon General states. Selected naval medical officers will receive post-graduate training in the specialty from medical colleges and from leading allergists in private practice.

Parran on War Needs

Employment of 15,000,000 men and women on high-speed assembly lines this year means that industrial hygiene services must be expanded tremendously if public health is to be maintained, according to Dr. Thomas Parran, surgeon general, U.S. Public Health Service. [Turn the page]

The agreeable
Fluid Hypnotic

Neuronidia

(Elixir of Diethylmalonylurea—Schieffelin)

The sleep induced by Neuronidia closely resembles the normal—calm, refreshing and free from distressing sequelae upon awakening.

As a palatable sedative, Neuronidia is effective in small doses and readily eliminated; thus there is no drowsiness or languor to interfere with the daily activities.

Literature and sample upon request.



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Pharmaceutical and Research Laboratories

PAIN-RELIEVING, DECONGESTIVE in HEMORRHOIDS

The soothing hemorrhoidal ointment. Nuzine, provides prompt relief and decongestion in:

HEMORRHOIDAL PAIN
DIGITAL EXAMINATION
PRURITUS
POSTOPERATIVE
RECTAL PAIN
ANAL FISSURE

**NUZINE
OINTMENT**

1-oz. tubes with special applicator.

NUMOTIZINE, Inc.
900 N. Franklin St.
Chicago, Illinois



He warns that newly-created defense areas, placing vastly increased responsibilities on local doctors, are at present suffering from a shortage of physicians which could become alarming in the event of epidemics. As a partial remedy, he urges that refugee M.D.'s be licensed when possible.

Aid from the Blue

Nurses' aides may drop from the skies to minister to air-raid victims, if plans of the Bronx (N.Y.) Office of Civilian Defense come to fruition. The idea, according to Major Emma Morsch, commander of a women's defense group working with the OCD, is that parachuting aides can be conveniently dropped in areas rendered inaccessible by bomb damage. Major Emma Morsch said her aides must not weigh more than 110 pounds apiece.

The army has no connection with the new unit. It is to be used only for civilian defense.

Army Attacks Yellowjack

Every soldier in the U.S. Army is to be immunized against yellow fever, the War Department announces. The precaution is designed to make all army personnel available for possible service in tropical areas, and will be taken in addition to routine protection.

CLASSIFIED ADVERTISEMENT

OPPORTUNITY for a middle aged general practitioner to make a good living in a small village in Dutchess County. If interested write for particulars. T. Dennis Benjamin Franklin Apt., White Plains New York.

Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

MARTIN H. SMITH COMPANY
150 LAFAYETTE STREET, NEW YORK

ERGOAPIOL

••THE PREFERRED UTERINE TONIC••

IN
DISORDERS OF
**LIVER,
GALLBLADDER,
INTESTINAL
TRACT**

phates of sodium, magnesium, potassium and calcium—acts vigorously by choleresis... by catharsis... by diuresis... and by releasing sulfur for conjugation with putrefactive toxins. Write for samples!

INDICATIONS: Biliary tract disorders, intestinal toxemia, temporary constipation, arthritis, neuritis or rheumatism of enterogenous etiology, skin eruptions, respiratory tract infections, alcoholism, carbon monoxide poisoning.

OCCY-CRYSTINE LABORATORY, SALISBURY, CONN.

OCCY-CRYSTINE

DECISIVE functional improvement has uniformly resulted from Occy-Crystine therapy in controlled clinical studies on patients with various liver, gallbladder and intestinal tract disorders. By fourteen tests of liver and gallbladder function, and of detoxifying efficacy, objective confirmation was secured in these studies of the patient's relief of symptoms and greater sense of well-being.

**OCCY-CRYSTINE
LABORATORY
SALISBURY, CONN.**

Please send samples of Occy-Crystine and clinical report.

Dr.

Address.

City.

M.E. 7

tive treatment against smallpox, typhoid-paratyphoid, and tetanus.

No other military force has ever attempted such a large-scale program against this tropical disease. Plans call for immunization by subcutaneous injection of 0.5 c.c. of diluted yellow fever vaccine. Only one injection is said to be required.

Course for Fathers-to-Be

Philadelphia's county medical society now conducts a course for prospective fathers which is designed to ease the qualms of paternity. Physicians give a series of four lectures, supplemented with motion pictures, which instruct fathers in the rudiments of

medical information needed. The course is sponsored by the society's committee on maternal welfare.

Panama Positions Open

The Panama Canal Zone is urgently in need of physicians to fill Government positions there according to the U.S. Civil Service Commission, Washington, D.C. The initial salary is \$4,000 a year, with free transportation by plane or boat furnished from the port of embarkation.

Applicants must be under 35 and preference will be given to those between 25 and 35. The commission specifies that applicants must also be graduates of Class A medical schools, with at



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A clean sheet of paper for each patient.

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(Patent Applied For)

T*he light
that must
not fail...*



The ultimate strength of a nation is based on the physical well-being of its people. Of small worth in the defense of America would be a powerfully equipped Army and Navy — without a physically-fit personnel. Yes, and of small worth such military might without the support of a physically-fit civilian population . . . in the defense industries, the mines, the farms, and countless other occupations essential to the nation's welfare.

Vitaly important, therefore, is the part our medical profession plays in maintaining Public Health. And standing shoulder to shoulder with you are the manufacturers of pharmaceuticals, apparatus and supplies . . . sparing no effort to see that everything essential to the physician's armamentarium is forthcoming.

Since X-Ray screens are essential to the radiological profession, Patterson has long been prepared to maintain production of X-Ray Screens through this emergency. An adequate supply of restricted chemicals has been assured. Research as well as production are being stepped up. As always, our extensive testing facilities and highly-trained personnel are maintaining laboratory control over every process from raw materials to finished screens. The roentgenologist will continue to receive both intensifying and fluoroscopic screens made to Patterson's acknowledged highest standard of quality.

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For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available *at cost*: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the copyright notice in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

least one year of hospital experience. There is no written examination.

New Dispensing Bill

Kentucky physicians may lose their legal right to dispense drugs and medical supplies if a bill brought before the State legislature becomes law. The bill proposes to limit the distribution of medical and pharmaceutical supplies to drug stores.

Navy Likes Sulfa

"Simply astounding results have been achieved in treating wounded naval personnel with powdered sulfanilamide, according to Ross T. McIntire, Surgeon General of the Navy. He told a Congressional committee that although the cost of the drug was rather high, it was "well worth every cent we paid for it."

During the first World War, he added, the mortality rate for gunshot wounds which perforated the abdomen was over 80 per cent, whereas it is expected that powdered sulfanilamide will now reduce it to less than 10 per cent.

The army now supplies each soldier in a combat area with twelve sulfanilamide tablets.

A.M.A. as Good Neighbor

Pan-American solidarity will be the theme of the American Medical Association's 93rd annual convention at Atlantic City, N.J., in June. The A.M.A.'s Committee on Pan-American Relations has extended invitations to physicians

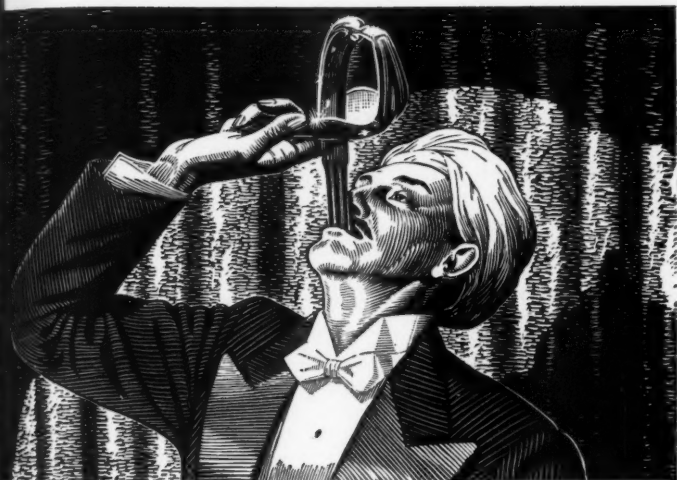
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PICTURE OF A PATIENT WITH *Pharyngitis*

When your patients with pharyngitis, tonsillitis or aphthae complain of feeling as if they had swallowed a sword, NUPORALS, "Ciba," offer quick relief. Containing the well-known anesthetic, Nupercaine* (a-butylxychinchoninic acid diethylethylenediamide hydrochloride), these lozenges produce a prolonged local anesthesia of the mucous membranes of the oral cavity and throat when dissolved in the mouth.

Further suggested uses for NUPORALS* include facilitating pharyngeal and laryngeal examinations, easing the passage of a stomach tube, curtailing pain induced by denture irritation or surgical trauma.

BOXES OF 15 **NUPORALS** BOTTLES OF 100

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The word "Nupercaine" identifies
the lozenges of Ciba's man-
ufacture, each lozenge contains
0.5 g. of Nupercaine, "Ciba."

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

from Mexico, Cuba, Puerto Rico, and other South and Central American countries.

Mobile Optical Units

Mobile optical units, capable of accompanying armies into the field, have been organized by the War Department to furnish glasses to soldiers without delay. Each unit is housed in a 2½-ton truck which carries an assortment of 12,000 semi-finished lenses. The unit's five-man crew is able to finish and assemble sixty pairs of glasses a day.

Navy V.D. Declines

Despite the "girl in every port" tradition, navy and marine corps personnel have shown a 7 per cent decrease in the incidence of venereal disease in the last year. The syphilis rate in both services is lower than at any time during the past forty years.

Interne Shortage Acute

The shortage of internes has caused the Cook County (Ill.) Hospital to open its service to graduates of any approved medical school. Hospital authorities elsewhere are said to believe that as conditions become more acute many other institutions will be forced to adopt this policy too.

The New England Journal of

Medicine, commenting recently on the interne-shortage problem, said that even "refugees who cannot speak the English language fluently are in demand, and are actually securing histories from patients who cannot understand their questions."

Soviet Medical Successes

Further evidence of the value of sulfa-drug therapy and other modern techniques was reported recently by Professor M. O. Friedland, chief military surgeon at Moscow's 2,350-bed Botkin Hospital. He cited the fact that the rate of deaths from wounds in this war is substantially below the comparable rate during the last war, and pointed out that this reduction obtains despite the typically greater severity of wounds in modern warfare.

Preliminary battlefield treatment, including use of vaccines, stoppage of bleeding, shock treatment, and bandaging and splinting, is particularly stressed under Soviet military medicine. Streptocide, sulfadine, sulfazol, and other sulfanilamide variants have reduced deaths from wounds caused by mines and mortars which are frequently characterized by the destruction of great sections of flesh and bone. Antibiotics and anti-gangrene injections

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- Fewer recurrences
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- No alkalosis



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rapid healing of the lesion, recent investigations show the value of Amphojel in prolonging the duration of remission.

New illustrated 40-page booklet, "THE HEALING OF PEPTIC ULCER," with complete bibliography, sent free at your request.

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tions have also been highly successful. Tetanus, which in World War I accounted for fifteen of every 400 Russian hospital patients, is now rare.

Air transport for wounded men has been widely used during the Winter campaign as a measure to counteract the danger of death from freezing. A constant flow of fresh blood and plasma from hospitals to war fronts has saved countless lives, and Russia has consequently organized an elaborate donor system. Donors report in numbers ranging from fifteen daily at a small Kuibishev hospital to as many as 147 on a single day at the Botkin Hospital in Moscow.

Rehabilitated Flyers

More than 500 aviation recruits originally rejected for minor defects are now being trained by the army or navy as a result of assistance given them by the American Flying Services Foundation. Voluntary contributions enable this year-old organization to help young men correct minor physical or educational defects. It has

given assistance or advice to 2,000 of 5,000 who applied. Rejected cadet applicants are sent to a physician if their physical defects can be remedied, and financial aid is provided where necessary. It's been found that \$50 is the average expense for rehabilitating a rejected flying cadet candidate.

Aryan Transfusions

The large volume of Nazi soldiers who, when wounded, insist on "pure Aryan" blood for transfusions has greatly complicated Germany's military medical problems, reports from Moscow indicate. Chief result of this insistence is said to be a shortage of "acceptable" blood for transfusion.

White Cross Suspends

The White Cross Medical Service Plan of Massachusetts, a private prepayment plan offering full medical care, has been forced to suspend its coverage for the duration. Reason given is the increasing number of its participating doctors who have joined the

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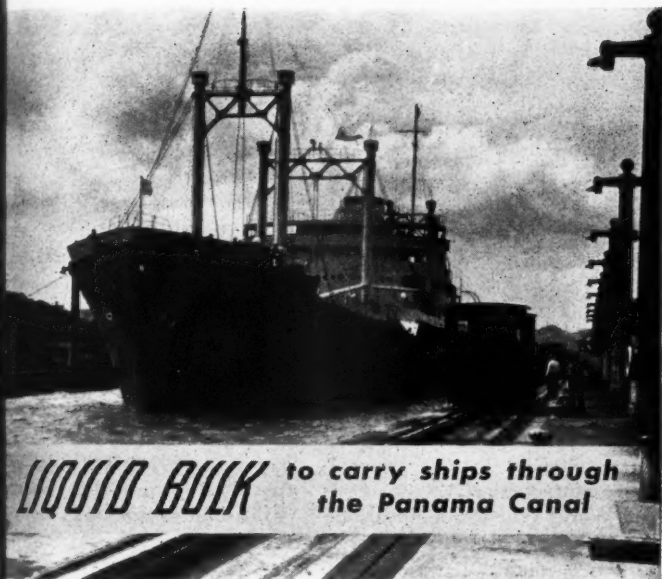
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Sal Hepatica plus water, in correct dosage, brings non-absorbable *liquid bulk* to the intestines. The bowel is gently flushed and peristaltic movement initiated. The action of Sal Hepatica is prompt and thorough.

Sal Hepatica is also helpful in relieving some types of gastric distress which may accompany constipation; it exerts choleric properties to help promote the flow of bile. Sal Hepatica makes a zestful, effervescent drink. Literature gladly sent upon your request.



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armed forces. Explained Dr. Channing Frothingham, a spokesman for White Cross:

"Our young, progressive doctors, all of whom have met high medical standards, are just the type the armed services want."

Meanwhile, the Massachusetts Medical Society reports continued progress in its preparations for a voluntary health insurance plan. The plan is expected to begin functioning some time this year.

Medical Corps Risky

The danger that faces army medical men was emphasized in data collected by the Pennsylvania State medical society. During World War I, a medical officer was the first U.S. officer to be killed; a medical corps captain was the first American wounded; and the first casualty among enlisted men was a member of a medical department. The percentage of battle deaths was higher for the medical corps than for cavalry, engineers, ordnance, or aviation.

War Aids Women M.D.'s

The 6,000 women physicians in Great Britain have fallen heir to many hospital and public health service positions formerly held by

men, a British news service reports. Besides filling war-caused vacancies, English women doctors are now accepted in the medical branches of the Royal Air Force and the Royal Army Service Corps. Twelve have reached the rank of major.

Wassermann Dispute

Boeing Aircraft Company, Seattle, Wash., has announced that it will not employ any person with a positive Wassermann

Pointing out that the company's policy is contrary to the recommendation of its own medical department, Northwest Medicine remarks in a critical edition that "No discrimination whatever is made as to whether [the reaction] may be a false positive, persistent positive in a latent case or a normally positive reaction."

New Federal Health Plan

A health service plan for Federal workers, designed to cut the Government's annual \$100,000,000 sick leave bill, is now under study in Washington. It would provide each Government department with its own health unit supervised by a medical director from the U.S. Public Health Service staff. Employees would receive routine physical examinations

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The secondary changes resulting from a persistently elevated blood pressure are often the cause of death.

The necessity for lowering the blood pressure and maintaining it at a level below that producing the secondary changes is well recognized by clinicians.

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Safe hypotensive for long-continued use

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tions, first aid, treatment of minor illnesses, health education programs, and protection against health hazards.

Doctors' Gowns Rationed

Surgical gowns are not worn by men's overalls in the eyes of the British Board of Trade. This means that English doctors must use rationing coupons when they purchase surgical coats or operating gowns. A special concession may later be made to give physicians the same clothes rationing exemption now granted to laborers; however, it is not assured.

Walking Program

Laymen will be encouraged to "walk around a block a day" by members of the Medical Society of Erie County, N.Y. A resolution to this effect was adopted by the organization in the belief that a walking program will help the Nation become physically toughened. When Dr. Harry C. Guest offered the resolution, he added that perhaps the society could use the slogan "a block a day keeps the doctor away."

Draft-proof Students

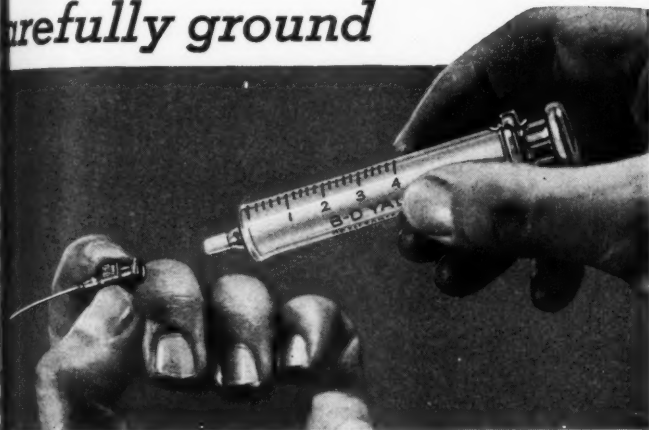
A new policy of draft deferment for pre-medical students as well as for undergraduates in medical schools was announced recently by Colonel Leonard G. Rowntree, medical director of the Selective Service System. He said that students who remain in acceptable scholastic standing will

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The tip that always fits slowly and carefully ground



you know from experience, B-D Syringe tips always fit. Needles. Syringe tips and needle hubs are measured to thousandths of an inch with companion gauges. Each syringe tip is individually measured.

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The elimination of testing for leakage at the tip would lower production costs. Coarse, fast grinding would speed up the operation and would also lower production costs. Either, or both of these, however, would produce a syringe costing you more in actual operation.

Ten manufacturing details, each calculated to achieve better performance and lower cost of operation, combine to stimulate professional preference for B-D syringes.

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EXTRA STRONG TIP
LOCKS WITH B-D NEEDLES

ECTON, DICKINSON & Co., RUTHERFORD, N. J.

be granted second lieutenants' reserve commissions, and will be draft-proof until they finish their education. A similar program has been adopted by the navy.

Of 12,000 pre-medical students who apply for medical school admission annually, about 6,500 are accepted. The new ruling applies only to students deemed acceptable; deferment will be withdrawn from those unable to keep up with their studies.

Self-Antiseptic Fabric

Clothing made from self-antiseptic fabric was cited recently by Dr. L. H. James of the University of Maryland as a useful new health safeguard. The fabric, though specially treated to keep

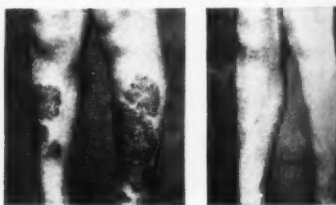
itself free of germs, is not strong enough to kill germs on the skin and hence causes no irritation after repeated contact.

Used for nightgowns and sheets according to Dr. James, it offers valuable protection to nurses when handling contagious-disease patients. The increasing acceptance of self-antiseptic material is said to be evidenced by the number of items made from it last year: 15,000,000 mattresses, 2,000,000 pairs of canvas shoes and more than 4,000,000 sheets, night clothes, and pillowslips.

Home Extractions

The thread-and-door-knob method of tooth extraction is still in great favor, dentists have found

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Because RIASOL is easy to apply, requires no bandages and is non-staining, you are assured that patients will cooperate fully.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol, 0.75% cresol in an oily emulsified liquid. Apply once daily, preferably before meals after bathing and thoroughly drying skin.

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- 1. Highly bactericidal.**
- 2. A non-irritant, non-toxic and exerts a soothing local analgesic effect on inflamed mucous membranes.**
- 3. Penetrating even into minute tissue spaces because of its low surface tension.**
- 4. Oil-free . . . hence can be used by patients of all age without fear of producing lipid pneumonia.**
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This potent bactericidal solution may be applied topically to the mucosa of the nose and throat by spray, irrigation or pledget, with the assurance that a maximum antiseptic effect will be exerted without damage to the delicate respiratory epithelium.

Supplied in bottles of five and twelve fluidounces.

while examining more than 25,000 indigent school children at WPA clinics in New Jersey. Penknives, pliers, screw drivers, are also popular home tools for this purpose.

A similarly careless attitude toward the human body was reflected in a recent paper by Dr. L. Chester McHenry which listed a few of the articles sometimes lodged in throats and air passages. Among them are nuts, thumb tacks, tax tokens, buttons, whistles, teeth, wheels, beads, and coins.

Child Health Day

A campaign to have all children in the United States over nine months of age immunized

against smallpox and diphtheria has been opened by a proclamation from President Roosevelt designating May 1 as Child Health Day. In some areas Government agencies sponsoring the program will also advocate immunizing children against whooping cough, tetanus, and typhoid.

Chemical Warfare Course

Medical aspects of chemical warfare were recently studied by a group of doctors selected for training by the Office of Civilian Defense. The course, a four-day session, was given without charge by the University of Cincinnati College of Medicine. Subjects ranged from the tactics of chemical warfare to laboratory demon-

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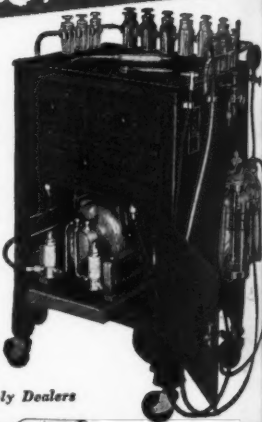
Cabinet is white enamel. Walnut or mahogany color finish at \$5.00 extra. All trim is chromium plate, top is black glass.

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DON'T MIX" but
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WITH WATER**

The water-miscibility of an emulsion used for constipation management means admixture with the colon residue to form a soft, easily-passed mass. The three forms of Kondremul all mix well and resist breakdown in the intestine.

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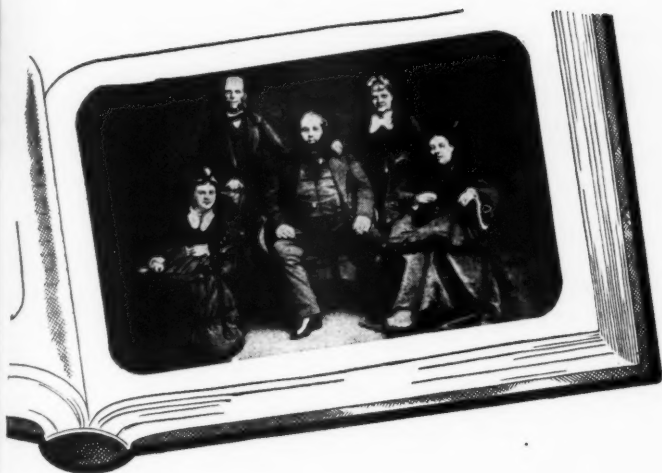
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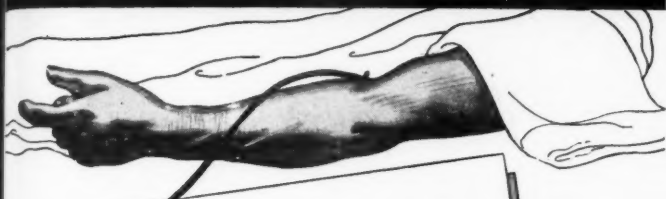
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